

THE RELATION OF CHILDREN'S SHAME-PRONENESS TO MOTHERS'  
COGNITIONS, ANXIETY AND CONTROL

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THE RELATION OF CHILDREN'S SHAME-PRONENESS WITH  
MOTHERS' COGNITIONS, ANXIETY AND CONTROL

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## DECLARATION OF ORIGINALITY

I, Sibel F. Bilge certify that

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## ABSTRACT

### The Relation of Children's Shame-proneness to Mothers' Cognitions, Anxiety and Control

Shame has been linked to adverse developmental outcomes, including behavior problems such as aggression, depression, and anxiety (Tangney & Dearing, 2002). Previous research suggests that parenting-related cognitions, emotions, and controlling practices are crucial in shaping shame-proneness in children (Mills, 2005). This study investigates the ways in which these factors are related to children's shame-proneness during early childhood. Two parental control behaviors, mothers' autonomy supportive approaches and their evaluations during dyadic interactions with their children, are examined. Cognitive and emotional constructs of interest are maternal parenting self-efficacy belief, contingent self-worth, and anxiety. The research comprised two distinct studies: Study 1 utilized observational data collected from 50 preschoolers and their mothers during laboratory sessions, focusing on the observations of maternal parenting behaviors and children's expressions of shame. Study 2 involved focus group discussions and one-on-one interviews with 39 mothers to gather qualitative data Turkish mothers' perceptions of their children's shame experiences. In line with the study's predictions, higher levels of parenting self-efficacy belief were negatively associated with children's observed shame, while mothers' anxiety positively predicted maternal reports of child shame. Contrary to the hypotheses, analyses of the quantitative data revealed an inverse association between maternal control and shame. This seemingly contradictory findings gained significance when examined in the context of the insights obtained from focus group discussions and interviews. The analysis of maternal responses

indicated that participating mothers all of whom had either an upper middle or high socio-economic status adopted a parenting approach characterized by autonomy support and warmth, creating a supportive environment that encouraged children's expressions of shame.

## ÖZET

### Çocuklarda Utanç Duyma Eğiliminin Annenin Biliş, Kaygı ve Kontrol Davranışları ile İlişkisi

Utanç duygusu, saldırganlık, depresyon ve kaygı bozukluğu dahil olmak üzere birçok olumsuz gelişimsel sonucun oluşumuyla ilişkilendirilmektedir (Tangney ve Dearing, 2002). Ebeveynliğe dair bazı biliş ve duygulanımlar ile kontrolcü ebeveynlik yaklaşımlarının çocuklukta utanç duyma eğiliminin gelişiminde rol oynadığı öne sürülmüştür (Mills, 2005). Bu çalışma, erken çocukluk döneminde utanma eğiliminin gelişimi ile annenin ebeveynlik yaklaşımları, bilişleri ve duygulanımları arasındaki ilişkiyi anlamayı amaçlamaktadır. Annelerin çocuklarında özerkliği destekleyen veya müdahaleci yaklaşımları ve çocuklarıyla ikili etkileşimleri süresince verdikleri olumlu/olumsuz geribildirimler bu çalışmanın odağındaki kontrolcü ebeveynlik yaklaşımlarıdır. Anne ebeveynlik öz-yeterlik inancı, çocuğa bağlı koşullu öz-değeri ve kaygı seviyesi, çocuklarda utanç duyma eğilimi ile ilişkileri araştırılan anneye dair biliş ve duygulanımlardır. Araştırma, iki ayrı çalışmadan oluşmaktadır: Çalışma 1’de laboratuvar ortamında 50 deki çocuk ve annelerinin katıldığı gözleme dayalı bir veri toplama süreci yürütülmüştür. Bu çalışmada annenin kontrolcü ebeveynlik yaklaşımları ile çocukların utanç duygusu dışı vurumları gözlemlenmiştir. Çalışma 2, 39 annenin çocuklarının utanç duygusuna dair deneyimlerine ilişkin gözlem ve inanışlarının yapılandırılmış sorularla alındığı odak grup oturumları ve mülakatlardan oluşmuştur. Çalışmanın öngörülerine uygun olarak, yüksek düzeyde bildirilen anne öz-yeterlik inancı ile çocukların gözlenen utanç duygusu dışıvurumları arasında ters yönlü bir ilişki görülmüştür. Çalışmanın hipotezlerinin aksine, nicel veriler üzerinde yapılan analizler annenin kontrolcü davranışları ile

çocukta gözlemlenen utanç duygusu arasında ters bir ilişki olduğunu ortaya koymuştur. İlk bakışta çelişkili görünen bu bulgular, Çalışma 2'de elde edilen içgörülerin ışığında incelendiğinde anlam kazanmaktadır. Annelerin yanıtlarının analizi, orta-yüksek sosyoekonomik düzeye sahip ailelerden gelen annelerin, özerklik destekleyici ve sıcaklıkla karakterize edilen bir ebeveynlik yaklaşımı benimsediğini ve çocuğun başarısız olduğu veya istemeyen bir davranış sergilediği durumlardaki utanç ifadelerini teşvik eden destekleyici bir ortam yarattığını göstermiştir.

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# CHAPTER 1

## INTRODUCTION

The self-conscious emotion “shame” emerges during early childhood and is experienced when an individual is preoccupied with perceived, actual, or anticipated evaluations of oneself by others (Tangney & Ficher, 1995). Although shame plays an adaptive role in social and moral development, numerous studies have linked the severity and frequency of shame-proneness with negative developmental outcomes (Ferguson, Stegge, Miller, & Olsen, 1999; Olthof, 2012; Turnbull, 2012). Findings of these studies reveal that frequent experiences of shame in the face of negative events increase individuals’ likelihood of developing physiological and psychological problems such as inflammatory reactions, externalizing or internalizing behavior problems including anger, aggression, depression and anxiety during childhood, adolescence, and adulthood (Ferguson, Stegge, Eyre, Vollmer, & Ashbaker 2000; Grabe, Hyde, & Lindberg, 2007; Rohleder, Chen, Wolf, & Miller, 2008; Tangney, Wagner, Hill-Barlow, Marschall, & Gramzow, 1996).

Despite its negative developmental consequences when experienced too frequently and/or severely, shame is also considered indispensable in the process of internalization of social norms and standards. In order to understand where adaptive shame ends and maladaptive shame starts, it is necessary to have a good understanding of the developmental theories of shame. These theories provide three different perspectives in explaining how and why shame experiences occur (Mills, 2005). According to the functionalist approach, shame has an adaptive purpose of preserving one’s self-esteem and not losing others’ approval (Barrett, 1995). Anticipations of experiencing shame lead the person to focus and obey more on

socially acceptable standards and rules to avoid situations that may potentially trigger shame. If such a situation occurs, in an attempt to preserve self-esteem, distancing oneself from others and reducing exposure to evaluators also serves this function. The cognitive-attributional theories, on the other hand, mostly focus on the evaluation of the self in the face of failure or mishap (Lewis, 2003). This self-evaluation process triggers shame if it involves an internal, stable and global attribution about the causes of the negative experience and leads to the devaluation of the whole self. The third perspective, the object-relational approach, emphasizes the role of early interactions with significant others and suggests that shame is the result of repeated experiences of interrupted primary caregiver-child exchanges that lead to unmet emotional needs. According to Kaufman (1996, p. 66), the emotional reciprocity between the child and the primary caregiver carries the meaning that the relationship is valued and special for both parties. Interruption of this bond occurs, as early as in infancy, when the caregiver fails to acknowledge, understand and reciprocate infant's emotional needs, leading the child to feel unwanted, unloved and thus ashamed. Infant's repeated experiences of misattunements in infant-caregiver synchronistic interactions lead to the development of shame-proneness. Sections 2.1 and 2.2 provide an understanding of shame as a moral emotion and an overview of the developmental models of shame in order to lay the foundations for an investigation of how maternal characteristics lead to shame-proneness in children.

This study especially focuses on maternal characteristics of children's shame-proneness, considering the critical role mothers play throughout the early phases of the development of children's affect regulation capacities. Children also observe and learn from how their mothers react to emotion eliciting situations. Moreover, they are subject to maternal practices that shape what they know about

emotions (Morris, Criss, Silk, & Houlberg, 2017). Therefore, mothers' child-directed behaviors, cognitions about parenting and emotions about potentially shame-eliciting events are of at most importance. In order to better understand what contributes to the development of shame-proneness in early childhood, the study examines the issue from multiple perspectives and takes into account mothers' controlling behaviors, parenting-related cognitions and emotions.

Backed up by the evidence demonstrating a link between controlling parenting practices and children's tendency to make negative inferences about the self that may lead to self-shaming, mothers' controlling behaviors are expected to correlate with observed shame in children. Previous studies reveal that controlling behaviors such as parental shaming, verbal hostility, punitive behavior, overcontrol, negative parental feedback, love withdrawal or overuse of praise as a psychological control tool are linked to children's negative emotionality, especially to shame and guilt (Grolnick, 2002; Henderlong & Lepper, 2002; Kelley, Brownell, & Campbell, 2000; Mills, 2005; Mills, Arbeau, Lall, & De Jaeger, 2010). For a parsimonious methodological approach, two parental control dimensions, mothers' autonomy support and their negative/positive evaluations during dyadic interactions with their children are examined within the scope of this study. Section 2.3 provides an overview of the literature on parental control, including a contemporary approach to its conceptualization and how it is linked to the development of shame-proneness.

The relation between mothers' beliefs about their own parenting skills and how they behave as parents has been demonstrated in many studies. Evidence suggests that mothers who question themselves about the quality of their parenting skills more often engage in controlling parenting behaviors such as intrusiveness, harsh discipline, inconsistent discipline, low responsiveness (Deater-Deckard, 1998;

Grolnick, Price, Beiswenger, & Sauck, 2007; Jones & Prinz, 2005). Another parental characteristic that is frequently observed among today's competitive mothers is their ego-involvement. Grolnick, with her associates, demonstrated that mothers high on contingent self-worth act in highly controlling ways which, in turn, causes the child to have a global, negative view of the self (Grolnick et al., 2007).

Another maternal emotion that is potentially associated with children's shame is mother's level of trait anxiety. Many studies robustly demonstrate that mothers with higher levels of anxiety are more likely to adopt controlling parenting behaviors when they face challenging situations (Ginsburg, Grover, & Ialongo, 2005; Turner, Beidel, Roberson-Nay, & Tervo, 2003; van Der Bruggen, Stams, & Bögels, 2008; Wheatcroft, & Creswell, 2007). When anxiety kicks in, they become more intrusive, both verbally and physically, and as aforementioned evidence suggests, this controlling set of parenting practices potentially triggers shame. How these maternal cognitions and emotions relate to the development of shame-proneness in early childhood is examined in sections 2.4 and 2.5.

In sum, this study aims to provide an understanding of the maternal behaviors, cognitions and emotions that are associated with the development of shame-proneness during early childhood. The study consists of two sub-studies. Study 1 addresses the collection of observational data, where mother-child dyadic interactions are examined in the research laboratory setting. Study 2, on the other hand, focuses on interview data and aims to facilitate the interpretation of the quantitative findings from Study 1. It involves qualitative data focus group interviews and one-on-one interviews with mothers. Drawing from the literature that establishes a relationship between controlling parenting behaviors and children's socioemotional development, this study adopts an object-relational perspective to

examine the impact of mothers' autonomy supportive vs. intrusive behaviors, evaluations of their child's actions and performance during dyadic interactions, as well as their emotional and cognitive characteristics. This object-relational framework facilitates a more comprehensive comprehension of the intricate dynamics within mother-child interactions, particularly in situations that may potentially evoke shame. The contribution of the study will be twofold. Firstly, the study explored the role of not only mothers' controlling behaviors but also parenting-related cognitions and emotions that may contribute to children's shame-proneness. The second contribution of the study will be to focus on a developmental period that has been of little interest in previous studies on this topic. Literature on the development of shame-proneness suggests that feelings and expressions of shame first emerge around 2 – 3 years of age and continue to develop throughout childhood into adolescence (Bafunno & Camodeca, 2013; Muris & Meesters, 2014). Two periods are especially important during the discourse of this development; early childhood and adolescence. While considerable attention has been devoted to examining the factors associated with adolescents' inclination to experience shame (Aslund, Starrin, Leppert, & Nilsson, 2009; De Rubeis & Hollenstein, 2009; Grabe et al., 2007), there has been limited research on the developmental precursors of shame-proneness during early childhood (Alessandri & Lewis, 1993; Bafunno & Camodeca, 2017; Bennett, Bor, & Lewis, 2005). Most studies with participants younger than adolescent involved elementary school children (Ferguson et al., 2000; Olthof, 2012). Therefore, any investigation that attempts to enlighten potential triggers of the tendency to experience and express shame in young children would address a significant gap in the existing literature on the developmental correlates and mechanisms of shame-proneness.

## CHAPTER 2

### LITERATURE REVIEW

#### 2.1 Understanding shame as a moral emotion

Experiences of shame and guilt, no doubt, play a central role in a child's socialization process. According to Barrett (1995), these two emotions are "self-conscious" as they stem from our self-evaluations. In other words, they are shaped by and, at the same time, shape how we perceive ourselves. They promote prosocial behaviors by encouraging the child to balance "oughts and wants" (Cooper & Benson, 1968). They are "moral" emotions because our motivation to avoid these emotions acts to elicit moral behavior. In other words, both shame and guilt exert positive effects on the learning and internalization of social norms and standards during childhood, as elaborated below. From this viewpoint, shame would qualify as an emotion that yields positive behavioral outcomes. If shame promotes the acquisition of moral norms and standards, where does the adaptive experience and expression of shame ends and maladaptive experience of shame start?

From an evolutionary standpoint, shame is conceptualized as a complex emotion that has likely evolved to serve multiple functions throughout the socialization process. Breggin (2015) proposes that shame is an instinctual emotion developed through biological evolution and natural selection to suppress or redirect aggression against one's family and closest relationships. In line with this view, the adaptive functions of shame are mostly defined within the contexts social bonding and affiliation, alongside with moral development and reinforcement of prosocial behavior. Shame is conceptualized as a social regulator which discourages behavior that is perceived as socially inappropriate or inadequate. It acts as a mechanism to

enforce social norms and maintain cohesion within a group or community. By experiencing shame, individuals are motivated to conform to societal expectations and avoid behaviors that could lead to social exclusion or rejection behaviors (Eisenberg, 2000; Maggi et al., 2022; Sheikh, & Janoff-Bulman, 2010; Tangney & Dearing, 2002). Dost and Yağmurlu (2008) propose that in collectivistic cultures, shame serves an adaptive role by promoting moral reasoning, prosocial behavior, and fostering individuals' concern for others, leading to empathic responsiveness. In hierarchical societies, displays of shame also communicates submissiveness and deference to dominant individuals or authority figures. This function can help maintain social order and reduce conflicts within groups.

Evidently, despite these adaptive functions, shame can become dysfunctional when it is excessive, persistent, or associated with negative self-perception and psychological distress. The transition from functional to dysfunctional shame can occur due to various reasons. Dysfunctional shame is often accompanied by self-critical and self-deprecating thoughts. Individuals may develop a negative self-concept and engage in excessive self-blame, leading to diminished self-worth (Gilbert, 1998). When individuals internalize the negative judgments and evaluations of others, they may excessively blame themselves, leading to dysfunctional shame. Unrealistically high standards and the striving for perfection can also amplify feelings of shame that trigger a fear of failure, leading to dysfunctional shame when perceived failures occur (Ferguson et al., 2000). Fessler (2004) argues that the transition from functional shame to dysfunctional shame is largely dependent on the cultural context. Accordingly the transition from adaptive to maladaptive experiences of shame can be influenced by culture-specific factors, which stem from the culturally constituted nature of subjective reality and the significance of shame and

its prevalence in daily life. Additionally, early childhood experiences in dyadic interactions with primary caregivers can shape an individual's susceptibility to dysfunctional shame. Research has shown that insecure attachment styles, such as anxious or avoidant attachments, are associated with the development of dysfunctional shame (Andrews, Qian, & Valentine, 2002; Gross & Hansen, 2000). Gaining insight into the impact of the mother-child relationship quality on the shift from functional to dysfunctional shame will significantly enhance our understanding of the link between maternal parenting practices and the development of shame-proneness in the child.

In their conceptualization of adaptive vs. maladaptive shame, Ferguson and Stegge (1995) differentiate between state and trait shame and momentary shame experiences, i.e. state shame, can serve as a signal of a forthcoming unwanted situation. Transient shame experiences teach the person about the situations that may potentially lead to negative evaluations by others. Motivation to avoid shame triggered by these negative evaluations, accompanied by the fear of being unwanted and unloved, regulates behavior and stimulates conformity to socially acceptable standards and norms. The inability to feel that kind of shame is considered as the manifestation of being immoral. While state shame is transient, trait shame is enduring and becomes integrated into an individual's personality through repeated experiences of shame, resulting in frequent feelings of worthlessness and helplessness. Brene Brown (2010) defines that kind of shame as “..... *the intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love and belonging*” (p. 39). Following a series of interviews with adults from a wide range of ages, Lindsay-Hart (1984) concludes that frequent experiences of shame result in a demeaning transformation of one's identity, whereas experiences of

guilt only shake it up. Indeed research findings that associate higher levels and more persistent experiences of shame with physiological and psychological problems such as inflammatory reactions, externalizing or internalizing behavior problems including anger, aggression, depression and anxiety are referring to trait shame (Ferguson et al., 2000; Grabe et al., 2007; Rohleder et al., 2008; Tangney et al., 1996). In their study with over 1000 participants at ages ranging from 8 to 77 years, Tangney et al. (1996) found a significant positive correlation between self-reported shame-proneness and anger arousal. Results of another study with 6 to 14-year-old children showed a similar correlation between trait shame and internalizing symptoms (Ferguson et al., 2000). A specific type of permanent shame, namely body shame in adolescents was also associated with depression (Grabe et al., 2007). In a study with young women, Rohleder et al. (2008) demonstrated a strong link between chronic shame and inflammatory activity and glucocorticoid sensitivity as measured from a blood sample. All of these studies examined the connections between shame and negative psychological and physiological consequences. In a paper on self-conscious emotions and their association with psychopathology, Muris and Meesters (2014) offer an overview of research investigating this relationship and ascertain that shame, particularly when triggered by self-blame, plays a crucial role in the socialization process. Yet, if self-blame and thus shame becomes the dominant response for most negative events, pathological outcomes including depression, anxiety and aggression are inevitable.

Understanding how a child's momentary experiences of state shame transform to a stable personality trait is crucial if shame needs to be experienced as a feeling that supports child's learning of rules and standards without causing negative developmental consequences. The following section examines developmental

theories that elucidate the transformation of state shame into a proneness to experience shame in response to negative events. Additionally, it explores why certain individuals are more inclined to feel shame, while others tend to experience guilt even when facing the same adverse event attributed to themselves.

## 2.2 Theoretical approaches to the development of shame in early childhood

A good starting point to an investigation of the possible antecedents of shame-proneness would be to have a closer look into the different theories that attempt to explain how the self-conscious emotion shame becomes the main emotion that emerges in cases of failure or mishap. In her literature review on the development of shame, Rosemary Mills categorizes theories of shame under three main approaches (Mills, 2005). Accordingly, feelings of shame arise due to:

- their function of maintaining one's position in a social group with an intact self-esteem (functionalist approaches)
- individuals' cognitive appraisals of the self in relation to social rules and standards that leads to global, internal, attributions for causes of negative events (cognitive-attributional theories)
- individual's attachment style that reflects one's expectations from interpersonal interactions (object-relational/attachment theories)

Mills suggests that shame-inducing socialization experiences, combined with temperamental characteristics, influence a child's likelihood of feeling shame whenever there is an actual or anticipated negative evaluation of the self by others. A father's overinvolvement during his son's soccer practice in a controlling manner, for example, can potentially be perceived by the boy as a threat to his autonomy and to his image as an autonomous individual perceived by his teammates. Thus, this type

of a controlling parenting practice can negatively affect this boy's self-esteem and can be an impediment on the way of his attempts to protect his social status in the peer group, leading to feelings of shame. How and why this experience can be shame-inducing is explained through different mechanisms by different theories of shame development.

From a functionalist perspective these experiences are perceived as a threat to self-esteem and to one's position in society. Barret (1995, 2005) states that, when it comes to self-regulation, shame has three main functions. The first is the regulation of behavior to avoid or reduce feelings of shame by distancing oneself from those who are potential evaluators. In the case of the overinvolved soccer dad, the child would probably disappear from the soccer field after the father's loud comments upon the coach's decision to take the boy out of the game. The second function of shame is on a social/interpersonal level, and it is manifested in social withdrawal behaviors. Accordingly, the boy would avoid situations that may lead to shame. The third self-regulatory function is on an intrapersonal level. As feelings of shame makes the "wrong-doing" painful, in order to avoid this pain, it becomes necessary to meet social standards and norms. In this case, the self becomes the object of evaluation by others or imagined others, and the main concern of evaluation is whether the person meets the standards and norms. From an intrapersonal self-regulatory standpoint, throughout the soccer practice, the young boy would do anything to meet the standards that would keep the soccer dad as silent as possible or that would make him look competent in the eyes of the coach and the other players. The functionalist view puts emphasis on the child's socialization experiences in explaining the development of shame proneness but underlining the importance of repeated exposure to shame instilling social situations.

The cognitive-attributional approaches, on the other hand, assign more significance to the child's cognitive assessments of events that may trigger shame. Accordingly, self-evaluations and attributions made for explaining the discrepancies arising from those self-evaluations are the main triggers of shame experiences (Lewis, 1995). Helen Block Lewis (1971) is one of the first theorists who accentuated the role of self and self-evaluations in shame experiences. M. Lewis (2003) coupled this approach with Weiner's Attribution Theory (1985) and proposed a cognitive-attributional model. In this developmental model of shame Lewis emphasizes the importance of the development of three cognitive capacities; objective self-awareness, acquisition of standards and rules, cognitive evaluative processes. In order for shame to be elicited, this evaluation must involve a cognitive-attributional process in which the child attributes the cause of failure or mishap globally to oneself. This kind of an attribution goes hand in hand with child's beliefs such as *"I'm always like this..."*, *"I can never succeed..."*, *I always do wrong things..."*. Similar to Lewis's perspective, Tracy and Robins (2004) present a model of self-conscious emotions that emphasizes three primary cognitive milestones essential for experiencing shame. The first milestone involves the development of self-awareness and the capacity to form self-representations, typically achieved around 18 to 24 months of age. Then comes the ability to understand socially acceptable norms and rules to use as an anchor in self-evaluations. The third prerequisite is to make attributions for the causes of behaviors that do not meet the norms and rules. According Tracy and Robins, a critical part of the evaluative process involves the appraisal of the emotion eliciting event in terms of identity-goal relevance. If the event is considered as goal relevant, the attentional focus turns to self, activates self-representations and evaluates the ideal self in comparison to

current self. When faced with a negative incongruence, individuals engage in a cognitive attributional process to ascertain the cause of the adverse event. For instance, when a young boy fails to score by missing all the hits in a soccer game with his friends, his perception of himself as a significant failure may vary. If “a good soccer player” is not part of his ideal self and he was in the game just because his friends’ team was missing a player, his cognitive evaluation of comparing the ideal self to current self would not create a negative discrepancy. But if “being a good soccer player” is an important part of the boy’s ideal self, this comparison leads to a negative incongruence. This cognitive evaluative process, in turn, activates one of the two negative self-conscious emotions, shame or guilt. Which one of these emotions is activated depends on the boy’s perceptions of the locus, i.e. the cause, the stability and the globality of his failure. When it comes to the locus of attribution, both shame and guilt are initiated with an internal causal attribution. The boy who believes that his team lost the game since he missed all the hits make an internal causal attribution for the defeat (“*My team lost the game because of my bad performance.*”).

While shame is associated with stable attributions that are uncontrollable, guilt involves unstable attributions for controllable behaviors. Attributing the inability to hit scores to an unstable and controllable cause, e.g. to his tiredness at the time of the game (“*I missed all the hits because I am extremely tired today but next time I will have a good rest and hit more scores*”) triggers guilt. Whereas, a stable and uncontrollable attribution (“*I missed all the hits because I am very bad at playing soccer and there is nothing I can do to improve my performance*”) triggers shame. Moreover, the boy may globalize this attribution and believe that his incompetence physical activities can be generalized to all areas of sports (“*I am a*

*failure in all kinds sports because I don't have the skills*”). What makes shame a painful experience is the resulting devaluation of the whole self, i.e. globality, of the self-defect and the belief that nothing can be done to change this reality. The protagonist's inner voice keeps saying: *“I am always like this and there is nothing I can do to change it”*. In guilt, on the other hand, there is a strong belief that what happened has happened only once, although caused by the self, and the behavior can be altered next time so that this unpleasant experience will never happen again. It is the stability and globality of attributions that differentiate guilt from shame. While the damage on the self that comes with shame pushes the person to disappear, to get away from potential evaluators, and sometime to burst in an act of aggression, guilt encourages confession, and instills a desire to make up for the wrongdoing.

The object-relational perspective on how and why shame-proneness develops focuses on the interpersonal relational precursors and proposes that the earliest experiences of shame can be observed in infancy, long before the development of the three cognitive capacities underlined by the cognitive attributional theorists (Kaufman, 1996; Mills, 2005; Nathanson, 1987). Thus, the basis of shame-proneness resides in early object relations, particularly within the child's interactions with primary caregivers. These relationships significantly influence the child's self-concept, emotional experiences, and susceptibility to shame. Schore (2005) proposes that shame emerges as a response to misattunements in the early infant-caregiver dyadic interactions. In his review on affect regulation, he states that the infant's first attempts of social interactions start as early as 8 weeks following birth through gaze direction and vocalizations. These highly arousing attempts to attract caregiver's attention is responded by the caregiver, who is usually the mother, to create a mutually responsive sequence of interactions. Mother's ability to attune, i.e. to

acknowledge and appropriately reciprocate her baby's attempts form the basis of the infant's affect regulation capacities. These synchronistic interactions involve a sequence of engagement, disengagement, and subsequent reengagement between the infant and mother, facilitated by the mother's contingent responsiveness to her baby. Misattunements in this dyadic interaction, resulting from the mother's failure to reengage and meet the infant's expectations of reconnection, contribute to increased negative affectivity in the infant. Repeated experiences of misattunements in this synchronistic sequence of interaction between the mother and her baby lead to the development of shame-proneness, as these cumulative experiences instill feelings of rejection and a profound sense of worthlessness (Mills, 2005). The child's sense of attachment and belongingness within the caregiver-child relationship plays a pivotal role in the development of shame. Secure attachments provide a foundation of safety, trust, and support, reducing the likelihood of shame experiences and promoting healthy self-esteem. In line with this view, Nathanson (1987) suggests that the roots of trait shame lie in an infant's wounded sense of connectedness with the primary caregiver. The still-face experiments conducted by Moore, Cohn and Campbell (2001) to demonstrate the importance of affective mutual responsiveness between mother and child provide the first evidence on the initial signs of shame even at 2-3 months of age. The authors describe the observed bodily manifestations of infants' discomfort when their mother put on an expressionless face as "... turns his face to the side... looks away... mouth curves down... tucks chin down on one shoulder... looks wary, helpless, and withdrawn...". A large body of evidence today demonstrates that all of these early expressions invariably characterize shame in every stage of life. Disruptions in mutual responsiveness experienced during infancy, stemming from the mother's inability to effectively recognize or respond to her

child's cues and needs, exert a lasting impact on both the mother's parenting style in subsequent years and the child's self-worth and interpersonal relationships. Mothers may develop heightened vigilance and concerns about their child's well-being. They may become overly involved in the child's activities, attempting to exert control and ensure the child's safety and success. This can manifest as intrusive behaviors, where the mother interferes excessively in the child's exploration and decision-making. Additionally, the mother may employ controlling behaviors to regulate the child's behavior and maintain a sense of order. The underlying motivation for these behaviors can be rooted in the mother's attempts to compensate for the early misattunement and establish a sense of security in the relationship.

In preschool years, the quality of caregiver-child interactions continue to significantly influence the development of shame as positive and nurturing interactions foster a sense of security, self-worth, and healthy emotional regulation, reducing the likelihood of shame experiences and negative or rejecting interactions contribute to the internalization of shame-inducing experiences (Alessandri & Sullivan, 1992; Barrett, Zahn-Waxler, & Cole, 1993; Cole, Barrett, & Zahn-Waxler, 1992; Keltner, 1996; Keltner & Harker, 1998; Lewis, Alessandri, & Sullivan, 1992).

All of the above stated theoretical approaches to the development of shame have one thing in common. They all underline the leading role played by parenting practices in the development of children's shame-proneness. Children not only acquire affect regulation capacities but also learn the meanings of situations that trigger shame through the parental socialization process. According to the functionalist perspective, the standards and rules imposed by the parents help children identify shame eliciting situations and activate a series of regulatory functions. The failure or success conditions shaped by parental expectations and

imposed through their overt or covert communications form the basis of the evaluation processes central to the cognitive attributional theories of shame.

A number of studies that investigated the factors that contribute to children's proneness to shame provide evidence in support of this view. These studies reveal that especially controlling parenting behaviors such as parental shaming, verbal hostility, punitive behavior, negative parental feedback, love withdrawal or overuse of praise as a psychological control tool were related with children's tendency to experience shame (Grolnick, 2002; Henderlong & Lepper, 2002; Kelley et al., 2000; Mills, 2005; Mills et al., 2010). When it comes to the role of the quality of parent-child interactions, the premises of the object-relational approach provide a strong framework for understanding the role of controlling parenting practices in the development of shame-proneness in children. Accordingly, early experiences with parental control may shape the children's self-concept and emotional regulation capacities, which in turn influence their vulnerability to shame in later stages of development. An intrusive and controlling parenting style may contribute to a harsh inner object representation, while an autonomy supportive approach coupled with warmth may foster a more supportive and nurturing internalized representation of object-relations. For instance, when parents encourage exploration, acknowledge and validate emotions, and provide secure attachments, children may develop more positive object relational representations, leading to reduced shame experiences. Conversely, an overly critical or rejecting parental approach, can become triggers for shame in children, contributing to a heightened vulnerability to shame. Therefore, an effective approach to the investigation of the developmental correlates of shame-proneness must focus on a selection of parental control behaviors.

This study investigates the factors that influence the development of shame-proneness in early childhood, based on the framework of the object-relational theory and adopts a parsimonious methodological approach by examining two dimensions of parental control: mothers' autonomy support, and their negative/positive evaluations during dyadic interactions with their children. The following section provides an overview of the literature on parental control, including a contemporary approach to its conceptualization and how it is linked to the development of shame-proneness. Therefore, in order to investigate the developmental correlates of shame-proneness effectively, it is essential to focus on specific parental control behaviors, particularly from an object-relational perspective. This study adopts a parsimonious methodological approach by examining two dimensions of parental control: mothers' autonomy support and their negative/positive evaluations during dyadic interactions with their children. The following section offers an overview of the literature on parental control, including a contemporary conceptualization and its association with the development of shame-proneness.

### 2.3 Controlling parenting practices and the development of children's shame-proneness in early childhood

There is an extensive amount of studies on the developmental outcomes of parental control. However, research that relates parental control to children's shame-proneness is limited in number. A review of the evidence that suggests either a direct or an indirect link between controlling parental socialization and shame points to a clear need for a closer look into how specific parenting techniques relate to development of shame-proneness. A better understanding of the parental control

construct is necessary before examining this relationship between controlling practices and children's shame.

### 2.3.1 Different conceptualizations of parental control

Parental control has been conceptualized and operationalized in various ways by different researchers (Barber, 1996; Braungart-Rieker, Garwood, & Stifter, 1997; Grolnick & Pomerantz, 2009; Pomerantz & Ruble, 1998). Grolnick and Pomerantz identified several terms, such as behavioral control, psychological control, intrusiveness, firm vs. lax control, and forceful control, to describe different aspects of parental control. In a meta-analysis investigating the relationship between parental control and preschoolers' self-regulation, Karreman, van Tuijl, van Aken, & Deković (2006) suggested that it is crucial to distinguish between positive control and negative control, as these two types of control have distinct effects on children's self-regulatory behaviors. Based on the reviewed studies that are subject to this meta-analysis, Karreman et al. define positive control as “parental behavior that is directive, and characterized by specific attempts at teaching, encouraging and guiding the child's behavior” and negative control as “power-assertive control, that consists of behaviors such as anger, harshness, and criticism, and excessive or intrusive control characterized in particular by physical intervention” (p. 563).

Grolnick (2002) provides an overview of the theoretical conceptualizations of “control” as one of the two major parenting dimensions that received an abundance of attention among the studies on parenting practices. Accordingly, the major early theories on control emphasize the following dichotomies that characterize controlling parenting: democratic vs. autocratic (Baldwin, 1948), firm control vs. lax control

(Baumrind, 1965), psychological control vs. psychological autonomy (Schaefer, 1959; Schaefer, 1965), restrictive vs. permissive (Becker, 1964).

Grolnick states that in Baldwin's conceptualization of control, parents can administer this type of behavior either in a democratic or in an autocratic way, each differentially relating to developmental outcomes. This distinction of positive and negative control is absent in Becker's conceptualization, as, within the "restrictiveness" end of the dichotomy, he does not specify how "having rules" is different from "enforcing the rules" either in an autocratic or a democratic manner. Baumrind, whose work is among the most influential approaches to parenting styles identified two different hypothetical constructs that characterize parental controlling behavior (1971). "Directive vs. Non-directive parenting" construct identifies whether parents establish many rules and regulations concerning the child's daily life including the existence of a fixed bedtime hour, existence of restrictions on activities such as TV viewing or eating and whether these restrictions are strictly enforced or freely adjusted by the child without a concern for meeting parents' expectations. "Firm vs. Lax Enforcement" construct, on the other hand, is more about whether parents can enforce their directives, without giving in to their child's protests or whether they are lax in administering the rules and their child is disobedient and disrespectful. In other words, the directiveness vs. non-directiveness is about having rules and firm vs. lax enforcement is about how those rules are administered. Although this differentiation of the two aspects of control as "having rules" and "enforcing rules" leads to a clearer definition and operationalization of parental control, it still does not imply anything about whether firm enforcement of the rules is autocratic or democratic. Baumrind (1967) clarifies this fogged area about control by further specifying four parenting typologies based on dimensions that are derived

from clusters of parenting behaviors. Accordingly, two of these four typologies, “authoritarian parenting” and “authoritative parenting” both involve high levels of firm enforcement and directiveness. What differentiates these two typologies is the level of nurturance and warmth, i.e. the extent to which parents express love and involvement alongside the firm enforcement of rules (Baumrind, 1965). In other words, firmness does not necessarily indicate an autocratic way of enforcing the rules, especially when parents show high levels of warmth and support for their children’s autonomy as in the case of “authoritative” parenting.

Another conceptualization of parental control is coined by Barber (1996) who defined behavioral control as parental rules setting, monitoring and knowing children’s daily activities. Psychological control, on the other hand, targets child’s thoughts and feelings through manipulations is defined as “patterns of family interaction that intrude upon or impede the child's individuation process, or the relative degree of psychological distance a child experiences from his or her parents and family” (Barber, Olsen, & Schagle, 1994, p. 1121). Barber suggested that control is a positive parenting practice if it targets the child’s behaviors, whereas it is a negative parenting practice if it aims to control child’s behaviors through the exertion of manipulative psychological tactics.

A recent approach to parental control by Grolnick (2002) provides a parsimonious and comprehensive account that reconciles conflicting findings in the literature. In her conception of parental control, rather than distinguishing negative vs. positive parental control, Grolnick makes a distinction between “being in control” and “being controlling” (2002). “Being in control” is providing the child with age appropriate guidelines and restrictions, with a clear, open communication and reasoning, and respect for child’s perspective in a way that supports child’s

autonomy to ensure positive developmental outcomes. “Being controlling”, on the other hand, embodies parents’ excessive demands for obedience, compliance, and pressure for parent valued outcomes, with a lack of two-way communication and respect for child’s autonomy. Accordingly, any parenting behavior, even the ones that appear to be positive such as praising or rewarding, can be exhibited either in a negative “controlling” way or in a positive “autonomy supportive” way.

Grolnick proposes three parenting dimensions, one of which is “autonomy support vs. control” and the other two are “structure” and “involvement.” “Autonomy supportive” parenting, which is synonymous to “being in control”, instills in the child the ability to make choices, provides the opportunities to solve his/her own problems, and involves the acknowledgement of the child’s perspective, whereas “controlling” parenting involves intrusiveness and the exertion of a pressure on the child to adopt certain behavioral or emotional responses that parents believe is appropriate.

Parental “structure” setting involves the communication of expectations, with an explanation of why those expectations are valid and important and what would be the consequences of failing to meet them. In other words, parents’ effective administration of “structure” supports children’s need for competence. Parental “involvement”, on the other hand, supports children’s need for relatedness by knowing what is going on in their lives, being interested in their activities, devoting time, material and emotional resources to children. Devoting emotional resources means being warm, emotionally available, and sensitive to children’s emotional needs.

One important suggestion that Grolnick makes about the “autonomy support vs. control” dimension of parenting is that the way parents choose to act on this

dimension shapes the influence of their behavior on the “structure” and “involvement” dimensions on developmental outcomes. Any parenting behavior can be administered either in an “autonomy supportive” way or in a “controlling” way. The same level of structure, concerning bedtimes or daily routines, for example, can be administered in an “autonomy supportive” manner in a certain context or by one parent, yet can be executed in a “controlling” way by the other parent or in another context. Autonomy supportive parents may maintain high standards, administer clear rules, follow those rules and still can respect their children’s perspectives, with a minimum pressure and a consideration of their children’s input. When the rules are communicated with threats and excess pressure, structure setting becomes controlling and parenting assumes a negatively controlling tone. Similarly, parental involvement can manifest in either an autonomy-supportive or controlling manner. Grolnick contends that there is no such thing as “overinvolvement”. The form of involvement that poses a risk to children's development is solely the "controlling involvement," as illustrated by the example of a soccer dad who interferes in his son's relationships with his coach and teammates.

Grolnick and Ryan (1989) defined autonomy support as “the degree to which parents value and use techniques which encourage independent problem solving, choice, and participation in decisions” and control “externally dictating outcomes, and motivating achievement through punitive disciplinary techniques, pressure, or controlling rewards” (p. 144). Grolnick and Pomerantz (2006) further refined this conceptualization of control and proposed that the two opposite ends of the control dimension, i.e control vs. autonomy support are characterized respectively by high and low levels of pressure, intrusiveness and dominance regardless of the target of controlling behavior. These behaviors can encompass both physical and

psychological attempts to regulate a child's thoughts, emotions, and actions. For instance, a mother's physical intervention to complete a puzzle when her child faces difficulty is perceived as highly controlling. Similarly, a mother's withholding of love and affectionate response whenever the child fails to meet her expectations is also regarded as a controlling practice.

This perspective on control defines controlling parenting as the negative pole of a parenting continuum and posits that the impact of any parenting practice on developmental outcomes depends on its administration style. Consequently, even a seemingly positive practice may take on a controlling tone and exert a negative influence on the child's behaviors, emotions, or cognitions.

### 2.3.2 Parental autonomy supportive vs. controlling involvement and children's shame-proneness

The relation of controlling parenting practices with the development of shame proneness in children is increasingly attracting scholars' attention. A wealth of studies today demonstrates a strong association between these two constructs (Claesson & Sohlberg, 2002; dos Santos, de Freitas e Castro, & de Freitas Lino Pinto Cardoso, 2020; Meesters et al., 2017; Mills, 2003; Mintz, Etengoff, & Gryzman, 2017; Parisette-Sparks, Bufferd, & Klein, 2017). In studies conducted with high-school and college students, mostly participants' reports of their perceptions of parenting practices and their self-report of shame were used as the instruments of assessments. These studies revealed a significant positive link between children's shame-proneness and parental blaming, attacking and ignoring (Claesson & Sohlberg, 2002), parental conditional regard (Assor & Tal, 2012), parental rejection (Meesters et al., 2017), demeaning, embarrassing and ignoring the child (Mintz et al.,

2017). Among the limited studies conducted with younger children, findings have been mixed. For instance, Mills' (2003) longitudinal study involving preschoolers revealed that mothers' self-reports of parental control when the children were 3 years old predicted observable shame expressions in the same children at 5 years of age. However, this relation was not found between parental control and observed shame when children were 3 years old. Parental control behaviors of interest included both physical and verbal attempts to control such as physical punishment, prohibitions, anxiety induction, discouraging affective expressions, blaming. Parisette-Sparks et al. (2017) conducted another longitudinal study, involving children of the same age group (3 years), along with their mothers and fathers. The study found that only paternal permissive parenting, measured when the children were 3 years old, predicted child shame at 6 years. None of the maternal parenting measures revealed any significant link to child shame. Parenting styles measures that were obtained with questionnaires and through telephone interviews included three dimensions of parenting, authoritative, authoritarian and permissive. One of the earliest studies that demonstrated a counterintuitive link between intrusive parenting was conducted by Belsky, Domitrovic and Crnic (1997) In this longitudinal study, parental intrusiveness at 15, 21, 27 and 33 months of age predicted lower levels of shame that was measured later at 36 months and 37 months of age following failure at two different "easy task" contexts. The authors suggested that the highly intrusive style of mothers led their children to make external attributions for the causes of their failure and protected them from feeling ashamed. One major limitation of Belsky et al.'s study is that all of the children participated to the study were boys. In their recent study with 8 to 10 years old children, dos Santos et al. (2020) also demonstrated results in line with Belsky et al.'s study. Their study revealed no association of

children's self-reports of shame with maternal reports of controlling parenting practices including conditional love, victim focused induction, behavior and person focused evaluations, and power assertion. The discrepancies observed in the findings of the aforementioned studies could potentially be attributed to variations in the conceptualizations and operationalizations of the parental control construct.

In the present study, parental autonomy support vs. control is conceptualized based on Erickson, Sroufe and Egeland's (1985) approach in which autonomy support is characterized by mother's acknowledgment of her child's individuality and perspective, enabling shared decision making, facilitating self-initiated actions. On the negative end, controlling parenting is defined by mother's both physical and verbal interruptions of her child's actions, prioritizing her own agenda, disregarding her child's ideas and limiting child's opportunities to learn and explore by doing things before the child can do on his/her own.

### 2.3.3 Mothers' negative and positive evaluations and children's shame-proneness

A handful of studies that focused on how parental negative evaluations shape children's emotional responses reveal a link between negative feedback and shame. In a study with 3 years old children, Alessandri and Lewis (1993) observed dyadic interactions of boys and girls with each parent in a set of problem-solving tasks and concluded that higher levels of negative evaluative feedback was correlated to higher levels of shame expressions in children. Feedback type in terms of its focus on global vs. specific aspects of the child or his/her performance was also analyzed. Although the link between negative feedback and shame expressions was revealed only for evaluations such as "you are not so good at puzzles" which are child characteristics specific to task related behaviors, the authors suggested that the lack of this relation

for global feedback such as “you are not smart enough” was due to its low occurrence in the laboratory context. One important aspect of Alessandri and Lewis’s study is that they investigated the role of two types of person focused negative feedback, specific and global, which are both about the child but not about the process or the outcome of the task.

Kelley et al. (2000) provide further support for the unfavorable role of parental negative feedback on shame-proneness. These researchers have demonstrated that parents’ tendency to give negative feedback when their children are 2 years old increase their likelihood of experiencing shame one year later, especially when the feedback is about children’s actions or products. A total of 75 toddlers and their mothers were asked to complete a puzzle/shape sorter task which was difficult to solve for a 2-year olds and therefore, necessitated mothers’ assistance. Different types of maternal evaluations such as negative/positive feedback of the person, i.e. global evaluations of child characteristics and negative/positive feedback of product/action were coded based on the videotaped dyads. Contrary to their hypothesis, the findings of the study did not reveal any significant relation between negative feedback of person and shame expressions when the feedback is about global characteristics, which was in line with the previous findings by Alessandri and Lewis (1993). But negative feedback of product/action was positively correlated to children’s expressions of shame. These findings point to a need for a closer investigation of how person focused negative feedback, either global or specific, and product/action focused negative feedback are associated with children’s expressions of shame.

## 2.4 Maternal cognitions and emotion in relation to children's shame-proneness

### 2.4.1 Mother's parenting-efficacy belief and children's shame-proneness

Every now and then, almost all parents question their parenting skills or feel pressure while doing their best to be good parents. Although that kind of a self-doubt seems normal, developmental theory and a wealth of studies emphasize that this should be in moderation to avoid negative developmental outcomes (Abidin, 1990; Albanese, Russo, & Geller, 2019; Anthony, Anthony, Glanville, Naiman, Waanders, & Shaffer, 2005; Deater – Deckard, 1995; Melis Yavuz, Selcuk, Corapci, & Aksan, 2017). In a review on parenting self-efficacy belief and parenting practices, Coleman and Karraker (1998) define parenting efficacy as “one's perceived ability to exercise positive influence on the behavior and development of one's children”. In their study conducted to investigate parental efficacy belief in mothers of school age children, Coleman and Karraker (2000) found a consistent relation between this maternal cognition and child negative emotionality. Their results revealed that mothers' who perceive their children as more sociable and less emotionally reactive have higher levels of self-reported parenting efficacy belief. In another earlier study Cutrona and Troutman (1986) also found a link in the same direction. Their participants were 55 mothers who recently gave birth to their first child. Based on these mothers' self-reports, they demonstrated that parenting efficacy belief mediated the effect of infants' temperamental difficulty on maternal postpartum depression. Other studies revealed an opposite link between parenting efficacy belief and child related outcomes. The longitudinal study conducted by Bates, Salsberry, Justice, Dynia, Logan, Gugiu and Purtell (2020) with a sample of 142 mothers and their infants, points to the direct role of parenting efficacy on infants' self-regulation. Parenting efficacy also mediated maternal depression's effect on self-regulation. It

was suggested that depressed mothers with lower parental efficacy beliefs were less likely to engage in behaviors that may help their child's emotion regulation. This predictive effect of parenting efficacy belief was also found to be valid for adolescent girls' academic and non-academic self-regulation (Markazi, Badrighargari, & Mahedi, 2011). Although, no studies to date established a link between parenting efficacy belief and children's shame-proneness, findings that demonstrate a link between parenting efficacy belief and self-regulation, it is plausible to predict a direct negative association between parenting efficacy belief and children's tendency to feel shame. According to Mills (2003), in the face of a mishap or failure, the extent to which children are able shift their attention to a perspective that triggers feelings of guilt rather than shame is closely related to their emotional self-regulation capacities. This view also supports the prediction that children of mothers with low levels of parenting self-efficacy are more likely to experience shame.

Parents' belief in their ability to exhibit effective parenting is also closely related to their self-view on the level of competence in terms of establishing an adequate power-balance in their parent-child relationship. Mothers who experience a sense of loss of control may be more likely to engage in oppressive and hostile parenting practices to feel in control of the mother-child relationship, which in turn may lead to feelings of shame experienced by both the parent and the child. Based on their review of 54 studies, Jones and Prinz (2005) argue that a strong belief in one's parenting efficacy was linked to positive parenting practices. In their recent meta-analysis of 115 studies investigating how parenting efficacy relates to parenting practices, parental characteristics and child related outcomes, Albanese et al. (2019) also underlined the consistent association between efficacy and parenting outcomes. They stated that parenting practices that are positively predicted by the levels of

parenting efficacy included responsiveness, sensitivity, goal setting, authoritative parenting, low levels of coercion. Their meta-analysis also identified the mediating role of parenting self-efficacy beliefs in various parenting and child-related outcomes. Studies by Lesniowska, Gent and Watson (2016), Gondoli and Silverberg (1997), Izzo, Weiss, Shanahan and Rodriguez-Brown (2000), and Holland et al. (2011) have shown that parenting self-efficacy beliefs mediate the relationship between maternal fatigue and over-reactive parenting, maternal emotional distress and maternal responsiveness, social support and parental warmth and control, as well as maternal depression and child hospitalizations. For instance, higher levels of parenting efficacy belief were found to positively predict controlling parenting practices among immigrant mothers from low-income families (Izzo et al., 2014), responsive parenting practices among mothers of 11 to 15-month-old infants (Montgomery, 2009), and less coercive parenting among mothers of 3-year-old children (Bor & Sanders, 2004).

Although the above stated evidence points to a relation between parenting self-efficacy beliefs, parenting practices and child related developmental outcomes, no studies to date demonstrated either a direct or an indirect link between these parent related variables and children's shame experiences. Based on the relation between these two parenting constructs with child negativity, it is likely that a low level of parenting efficacy belief relates to higher levels of children's shame-proneness.

#### 2.4.2 Mothers' contingent self-worth and children's shame-proneness

Another parental characteristic that is frequently observed among today's competitive mothers is their ego-involvement. According to Grolnick (2002), mothers who are overly invested in their children have a sense of self-worth that is contingent on their children's performance. Crocker, Luhtanen and Sonnens (2004) define the contingencies of self-worth as "...the domains in which people invest their self-esteem—the areas in which they believe success means they are wonderful or worthwhile, and failure means they are worthless." Authors further suggest that, in their attempts to enhance self-esteem, people strive to show their success and avoid failure in these domains. But these attempts interfere with the establishment of mutually supportive relationships as the goal of enhancing self-esteem increases focus on the self and decreases sensitivity to others' needs. Soenens et al. (2015) define mothers' child-invested contingent self-esteem as "...their tendency to hinge their self-worth on their child's achievements." (p. 40). In a study conducted with 184 adolescents and their mothers, Soenens et al. found that mothers who highly base their self-worth on their children's achievement are more likely to exert psychologically controlling parenting practices. They are also perceived by their children as imposing their own goals more than those mothers whose self-worth hinges less upon their children. Similarly, Grolnick et al. (2007) found that mothers with high contingent self-worth tend to engage in highly controlling behaviors, resulting in the child developing a global, negative self-perception. In their study involving 60 4th graders and their mothers, Grolnick et al. observed that mothers with high social contingent self-worth exhibit a greater inclination to control their children's behaviors to align outcomes with their own expectations. This control involves intrusiveness characterized by giving directives and commands to

psychologically pressure their children's thoughts, feelings and, in turn, their behaviors. In a study conducted with European American, African American and Chinese mothers and their adolescent children, Ng, Pomerantz and Deng (2014) demonstrated cross-cultural differences in mothers' child-based contingent self-worth and their controlling parenting practices. The findings indicated that Chinese mothers exhibit a higher degree of self-worth contingency on their children compared to American mothers. However, no significant differences were observed between the two ethnic groups of American mothers in terms of self-worth contingency. Regardless of mothers' ethnicity, higher levels of maternal contingent self-worth predicted higher levels of psychological control among all three groups. One explanation provided by the authors is that the interdependent-self conceptions of Chinese mothers might have led them to have self-representations which include their children's accomplishments as well, and thus more susceptible to child-based self-worth contingencies.

No study to date provided evidence for a link between mothers' child-based contingent self-worth and children's shame-proneness. The above stated findings that underline the relation of mothers' ego-involvement to controlling parenting behaviors points to a possible relation between contingent self-worth and shame-proneness. Moreover, mothers whose self-worth hinges highly on their children's achievements have a tendency to impose their own goals and make them more salient (Seonnens et al., 2015). This, in turn, provides a strong basis for children's attributions in success and failure situations and may increase their likelihood of making internal attributions that trigger shame.

### 2.4.3 Mothers' level of trait anxiety and children's shame-proneness

Another maternal characteristic that may potentially lead to higher levels of children's shame-proneness is mother's level of trait anxiety. Although there is no evidence demonstrating such a link, the abundance of research findings associating parent's anxiety to parenting related cognitions and behaviors points to an indirect influence of maternal anxiety on child shame. These findings suggest that anxious parents are inclined to perceive challenging situations as more threatening for their parenting abilities, which also boost their negative emotionality (van Der Bruggen et al., 2008; Turner et al., 2003; Wheatcroft & Creswell, 2007).

A meta-analysis of 11 studies conducted by van Der Bruggen, Stams and Bögel (2008), revealed a moderate correlation between parents' level of anxiety and their controlling behaviors, i.e. intrusiveness, verbal control, overcontrol and restriction. Decreases in maternal anxiety were linked to decreases in mother's intrusiveness. Similarly, in their review of the studies on the relation of maternal anxiety and overprotective parenting, Jones and Kiel (2021) also found a meaningful association, although not strong, between the two constructs. According to the authors mothers with higher levels of trait anxiety may be more sensitive to environmental cues that potentially constitute a threat for their children and act in controlling ways to protect them. Moreover, this kind of a controlling approach may also serve as a means to decrease their distress. Parallel to this view, Wood (2006) suggests that anxious parents are more likely to experience distress and therefore interfere with their children's efforts to perform a task when they observe their offspring struggling with it.

A large number of studies demonstrate this positive link between maternal anxiety and mothers' use of controlling parenting practices. In one such study with

48 infants (3 to 9 months of age) and their mothers, laboratory observations of mother-infant interactions during free play sessions demonstrated a correlation between mothers' anxiety from first visit to second visit and their level of intrusiveness observed across visits (Feldman, Greenbaum, Mayes, & Erlich, 1997). It is also observed that mothers' sensitivity during interactive play increases as their anxiety level decreased throughout sessions. Evidence also suggests a longitudinal effect of early measures of maternal anxiety and later controlling parenting practices. In a sample of 50 mother-child pairs of anxious and non-anxious mothers, maternal anxious behavior at 1st grade (expressions of fear, worry, perfectionism in the etch-a-sketch task) in the anxiety group was positively correlated with their negative emotionality and controlling behavior, and negatively correlated with their positive emotionality and autonomy granting during interactions with their children at 7th grade. These associations were not observed among mothers in the non-anxiety group (Ginsburg et al., 2005). Another study conducted with 75 children at a mean age of 10 and their parents, mothers', but not fathers', autonomy granting, and overprotective parenting practices as perceived by their children were found to be related to maternal anxiety. Autonomy granting was negatively, and overprotection was positively associated with maternal anxiety (Bögels & Öelick, 2004).

Considering the widely demonstrated relation of parental control to shame-proneness, the link between maternal anxiety and control points to a potential indirect association of anxiety and children's tendency to experience shame.

## 2.5 Role of culture in the development of shame

Mainstream approach to the development of shame-proneness is mainly based on the findings of studies conducted in Western cultures. Although this Western perspective

establishes a solid base for the studies conducted in the non-Western part of the world, interpreting and deducing inferences from data collected in these studies must take into account cultural specifics. In their review on the cultural similarities and differences in experiences and expressions of emotions Mesquita and Frijda (1992) state that these cross-cultural variations stem from the differences in various components of the cognitive process that give rise to the actual experiences of emotions. Especially, the indicators and event types that trigger this cognitive process, biases in the appraisals of these events and indicators, behavioral and regulatory responses to them show significant variations across cultures.

Accordingly, what triggers this cognitive process, why it triggers it and how it leads to certain types of emotions are all culturally shaped. In line with this view,

Mesquita and Ellsworth (2001) suggest that cultural salience, i.e. the importance assigned to a certain event, is instrumental in defining the what, why and how.

Individuals' attention is easily drawn to culturally salient events and they mostly find

these events relevant to their self-construals. Moreover, due to this salience some appraisal patterns are more easily evoked. A series of studies conducted by

Kitayama, Mesquita and Karasawa (2006) with Japanese and North American

participants revealed evidence in support of this view. Participants were asked to

report emotional episodes from their daily lives and then rate the intensity of a set of

emotions in association with the reported episodes. The results of the study

demonstrated that Japanese participants reported situations and indicators

highlighting interdependence more than North American participants who reported

situations and events that are more salient in independent cultures. Moreover,

socially engaging emotions such as friendly feelings, guilt and shame, as

conceptualized by the authors, are more frequently and intensely experienced by

Japanese participants than by North American participants, who experienced socially disengaging emotions such as pride and anger more often. According to Kitayama et al. the prevailing indicators associated with cultural independence such as social harmony, or failure to fulfill obligations to others define the meaning of situations involving these indicators, and thus influence the type, the frequency and the intensity of the emotions triggered by them.

According to Tracy and Robins (2004), the socialization process throughout development shapes the way individuals appraise negative events. They suggest that although the stages of this evaluation process are invariant across cultures, differences in self-representations lead to variations in what is evaluated and how it is evaluated, leading to cultural differences in the intensities, frequencies and the consequences of these emotional experiences. Individuals from collectivistic cultures with an interdependent self-construal experience shame more often than those from individualistic cultures with an independent self-construal since they have a broader definition of the boundaries of self and their identity goals also cover concerns about those within the boundaries of the self (Camras & Fatani, 2004). While the independent self-construal leads to shame experiences only when the narrow defined self-representation is incongruent with the current one, the interdependent self-construal triggers this ideal-self/current-self incongruency when the negative event happens to someone from the ingroup as well. This view underlines the role of culturally defined self-boundaries in shame experiences and suggests that when someone within the extended self, e.g. a sibling, fails to achieve a certain goal, the individual experiences shame not because s/he attributes this failure internally, but because her/his sibling's failure creates a goal incongruence with one's extended-self goals. Accordingly, those from a collectivistic culture with interdependent self-

construals are more likely to experience shame than those from individualistic cultures with independent self-construals. Eid and Diener's (2001) survey with nearly 2000 university students from United States, Australia, China and Taiwan also revealed that the strongest differences in emotional experiences between the individualistic countries, i.e. United States and Australia, and the other two collectivistic countries, China and Taiwan, were in self-conscious emotions. The authors not only investigated the frequency and intensity of participants' recollections of a set of emotional experiences, but also asked their view on the social appropriateness and desirability of these emotional experiences. Although negative self-conscious emotions such as shame and guilt may be experienced more often and more intensely in collectivistic cultures, the meaning they carry for the individual may not have a negative connotation for the interdependent self-construal. According to Wong and Tsai (2007), in collectivistic cultures expressions of shame are highly valued and considered appropriate when someone fails to meet social norms and expectations. The lack of it, on the other hand, is seen as an impediment to group harmony. This view is supported by a series of studies in which "shame" was rated more similar to "happiness" than to "anger" by Indian participants and rated more similar to "anger" by American participants (Menon & Schweder, 1997; Rozin, Pohan, & Haidt., 1996 as cited by Rozin, 2003). These findings demonstrate that shame has an adaptive function in collectivist cultures in preserving ingroup harmony.

Most of the above studies are conducted with college students and adults. Cole, Bruschi and Tamang (2002) demonstrated these cross-culture differences in shame experiences with children from ages 8 to 12. They used nine vignettes to investigate emotions associated to different scenarios by children from the United

States and from two regions of Nepal, Brahman and Tamang. Although both regions of Nepal are characterized as collectivistic and interdependent, they substantially differ on the importance given to ingroup individual differences. While in the high-caste Brahman culture status differences are emphasized, for the Tamang people, who are considered as a low-caste minority group, attaining harmony in the society is through minimizing individual differences. The findings of the study revealed that children's appraisals of and emotional reactions to negative situations differed across groups. The negative situations involved both "stories about public mistakes or mishaps" such as falling down in a mud puddle or being accused of stealing someone's money and "stories about injustice or thwarted goals" such as someone slapping your hand when you reach to grab their erasure. While children from Tamang associated negative situations more with shame, those from Brahman and United States associates the same events with anger. However, Brahman and US children significantly differed from each other in the way they evaluated the appropriateness of expressing these emotions. While children from United States stated that anger can be communicated in difficult interpersonal situations, Brahman children asserted that openly expressing anger was inappropriate and was considered disrespectful to authority figures. Cole et al. suggested that, due to their higher cast status, children from Brahman might have a sense of privilege similar to the sense of uniqueness highlighted in individualistic cultures, and thus experience anger as children from US do. Being members of a minority group, on the hand, might have led Tamang children to experience more shame rather than anger due to the submissiveness reinforced throughout the socialization process. Although the two Nepali groups of children differed in terms of their experiences of negative emotions they both deemed the expressions of these emotions as inappropriate.

These findings demonstrate that prevailing cultural values and norms may even lead to within culture differences in emotion experiences, highlighting the importance of parenting practices. In line with this view, in a survey conducted with 2121 parents of preschoolers from Taiwan, Hong Kong and United States, Fung, Lieber and Leung (2003) investigated parental views and interpretations of their children's shame experiences. Participants filled in a questionnaire which consisted of both open ended and likert-type scale questions on mothers' observations of the occasions in which their children learn right from what is wrong, as well as their age of understanding shame. Results of the study revealed that mothers in Asian cultures have a higher tendency to give reactions that trigger shame compared to American mothers when their children exhibit an undesirable behavior.

Participants of the current study are Turkish mothers and their young children from an urban context where the interdependent family model is accepted as the prevalent cultural model (Mayer, Trommsdorff, Kagitcibasi, & Mischra, 2012). Based on the literature that points to the value of shame experiences in such cultures, mothers in this study are expected to engage in parenting practices that are deemed to foster feelings of shame. However, the methods used to collect observational data on both mothers' parenting practices and children's shame-proneness are replications of the ones used in Western studies with participants from individualistic cultures. Therefore, it is crucial to take into account potential cultural differences while interpreting the findings of the study.

## 2.6 Purpose and hypotheses of the study

The objective of this study is to provide an insight on how maternal cognitions, emotional states and parenting behaviors shape children's tendency to express shame. Cognitions and emotional states of interest include mothers' parenting self-efficacy belief, their level of anxiety and the extent to which their self-worth is contingent on their child's achievements. The object-relational perspective provides a holistic view of the interactions between the mother and child, considering them as distinct entities with their own characteristics and examining the relationships and associations between these entities. This approach enables a deeper understanding of the complex processes involved in the development of the child's shame-proneness within the context of maternal behaviors and characteristics. Based on the literature demonstrating a link between controlling parenting behaviors and children's higher tendency to make negative inferences about the self, mothers' autonomy supportive approach, in contrast to controlling intrusiveness and their evaluations of their child's acts and performance in dyadic interactions are investigated as parenting behaviors of focus (Alessandri & Lewis, 1993; Grolnick, 2002; Kelley et al., 2000).

Another contribution of the study will be to focus on a developmental period that has been of little interest in previous studies on this topic. Literature on the development of shame-proneness suggests that feelings and expressions of shame first emerge around 2 – 3 years of age and continue to develop throughout childhood into adolescence (Bafunno & Camodeca, 2013; Muris & Meesters, 2014). Although a great deal of attention has been channeled to the correlates of adolescents' and elementary school children's tendency to express shame, developmental correlates of shame-proneness that are in effect during early childhood has not been investigated widely (Aslund et al., 2009; De Rubeis & Hollenstein, 2009; Ferguson et al., 2000;

Grabe et al., 2007; Olthof, 2012). Therefore, any investigation that attempts to enlighten potential triggers of the tendency to feel shame in young children would contribute immensely to the literature on the developmental causes and mechanisms of shame-proneness. Based on previous findings it is hypothesized that:

- In the context of dyadic interactions between children and their mothers, children's shame-proneness is expected to be negatively associated with mother's autonomy support and positively associated with her negative evaluations. Furthermore, the shame-proneness of children is expected to be negatively associated with the mother's positive evaluations.
- Children's shame-proneness is expected to be positively associated with mother's level of contingent self-worth and trait anxiety, and negatively associated with their parenting efficacy belief.

The study is divided into two sub-studies. Study 1, in which mother-child dyadic interactions are observationally investigated, addresses the hypotheses of this research based on quantitative data. Study 2, on the other hand, allows for a more comprehensive exploration of the findings, as reported by mothers during focus group discussions and individual interviews.

## CHAPTER 3

### METHOD

#### 3.1 Study 1

##### 3.1.1 Participants

Participants of the first study were 50 children (26 girls,  $M_{age} = 56.1$  months,  $SD = 7.9$ ) and their mothers who participated to the laboratory data collection process. They were recruited from six local kindergartens in Istanbul and via public invitations through social media. Mothers had a mean age of 37.2 years ( $SD = 4.1$ , range 28 – 49). They were mostly from mid- to high-SES families as reflected by their educational background, 89 % had at least an undergraduate degree, and the remaining 11 % were high school graduates. Of the participating mothers, 78 % them were working, either part- or full-time. Eighty-five per cent of children came from intact families and 48 % of them had at least one sibling. Child and mother demographics are presented in Table 1.

Table 1. Study 1 - Child and Mother Demographics

Variable	%
Child gender (% of boys)	48
Maternal education (% of university degree and above)	89
Maternal occupation (% working)	78
Marital status (% intact)	85
Number of siblings in the household ( % at least 1 sibling)	48

##### 3.1.2 Procedure

Collection of the quantitative data took place prior to the pandemic period and involved laboratory observations of mother-child dyads and child behaviors as well as maternal reports of child, mother and parenting behaviors. Upon arrival to the research laboratory, mothers were informed about the structure, content and duration

of the session. The total time spent with the family in the laboratory was approximately one-and-a-half hours. Mothers signed the Consent Form prior to the tasks in the session (See Appendix A and Appendix B). When the child was engaged in a series of tasks with the experimenter, mothers filled in the self-report scales and a demographics form (See Appendix C and Appendix D). The list of questionnaires is presented in Table 2. The laboratory procedure was carried out by two experimenters, the researcher (E1) and a graduate student (E2). Four students who were blind to the hypotheses of the study assumed the experimenter role interchangeably throughout the observational collections of data. The procedure in the laboratory started with a warm-up in which E2 and the child explored the toys in the playroom. The warm-up session was followed by a total of 10 brief tasks. Mother-child dyadic interaction tasks that were designed to observe mothers' controlling parenting behaviors took place in the absence of the experimenters. The tasks that were designed to elicit shame were administered by the two experimenters when the mother was filling in forms and scale outside the playroom. The matching task was carried out by E1 and the easy/difficult puzzle tasks were administered by E2. All of the tasks were videotaped for later codings of data with the consent of the mother.

Table 2. List of Questionnaires and Scales

Variables	Questionnaire / Scale
Mother's reports of child shame	MyChild Shame Inventory (Barrett & Ferguson, 2006)
Autonomy support	New Friends Vignettes (McShane & Hastings, 2009)
Parenting efficacy Belief	Parentig self-efficacy belief scale (Dumka et al., 1996)
Contingent Self-worth	Contingent self-worth scale (Eaton & Pomerantz, 2004)
Mother's Anxiety	STAI (Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983)

### 3.1.3 Measures

Children's shame expressions and mothers' controlling parenting behaviors were assessed via both laboratory observations and maternal self-reports. Mothers' parenting related cognitions and their levels of trait anxiety were measured with likert type self-report scales. With the exception of the STAI trait anxiety scale and parenting efficacy, all scales were translated into Turkish and subsequently backtranslated into English by two proficient graduate students fluent in both languages. The STAI trait anxiety scale which was previously adapted to Turkish with a reported Cronbach alpha coefficient of 0.83 was used as the anxiety inventory (Öner & Le Compte, 1985).

#### 3.1.3.1 Observational measures of children's shame expressions

Two problem-solving tasks adopted from Alessandri and Lewis (1993) were used to assess children's expressions of shame. This set of tasks which consisted of the easy/difficult puzzles task, and the matching task, provided an achievement/failure context in which shame-prone children were expected to manifest shame expression. All two tasks were conducted by the experimenter while the mother was filling in the questionnaires outside of the playroom.

The first problem solving task was a matching game in which the child pairs off cards of animals with matching cards of food, shelter and puppies for each animal. Before the child started, the experimenter explained the game and let the child try with three sets of cards. S/he also showed the stopwatch s/he was holding, told that the game had to be completed in 5 minutes and that most of the children at child's age could complete it in time. Regardless of the time that has passed, the experimenter stopped the stopwatch when there was one set of cards still to be

matched and told with a neutral voice that the time was up, and the child could not succeed. This task was defined as a failure condition to elicit shame expression.

The second problem solving task consisted of four puzzles, two easy and two difficult, with success and failure conditions at each difficulty level. At the beginning of each puzzle, the experimenter told that the puzzle was either easy or difficult and that the child had 5 minutes to complete it. For the easy puzzle, the child was also told that children from the same age group could easily finish the puzzle within the time limit. For the difficult ones, the child was told that most of his/her peers could not finish the puzzle within the time limit. Achievement in the task was defined as the child's success to complete the puzzle before the experimenter stops the stopwatch and tells the child that the time is up. In the success condition, when the time was up, with a neutral voice, the experimenter said "*The time is up. You succeeded in finishing the puzzle*". Failure, on the other hand, was defined as the child's inability to finish the task when the experimenter stops the stopwatch and tells that the time is up. In the failure condition, when the time was up, with a neutral voice, the experimenter said "*The time is up. You couldn't finish the puzzle on time.*"

The experimenter made sure that the child always successfully completed the easy and difficult puzzles in the two success conditions. The procedure always started with the easy puzzle/achievement condition, followed by easy puzzle/failure, difficult puzzle/failure and ended with the difficult puzzle/achievement condition. The process finished with the difficult puzzle and achievement condition in order to minimize the level of distress the child might have experienced in the previous failure conditions.

Children's shame expressions were coded from video recordings according to the coding scheme adopted from Lewis et al. (1992). The scheme was previously

used to assess self-conscious emotions including shame in various studies conducted with preschoolers (Allessandri & Lewis, 1993; Allessandri & Lewis, 1996; Mills, 2003; Stipek, Recchia, McClintic, & Lewis, 1992). Children's shame expressions were coded only in the two failure conditions, i.e. failure in the easy puzzle and failure in the difficult puzzle. The coding period started when the experimenter stopped the stopwatch and told the child that S/he could not succeed to finish the puzzle within the time limit. This coding period lasted approximately 30 seconds. Majority of the children continued to sit down across the experimenter during this period but a number of them stood up to focus on other things in the playroom. In such cases the coding period lasted shorter than 30 seconds. Coders separately observed and coded children's shame expressions elicited within each 10-second segments of this total period. For each child, a shame rate was calculated by dividing the total number of shame behaviors observed during this period by the total duration in seconds (minimum 23sec, maximum 30sec). Child shame expressions that were coded included the following ones:

- body collapsed
- corners of the mouth down turned
- lower lip tucked between teeth
- eyes lowered with gaze downward or askance
- withdrawal from the task situation
- negative self-statements (e.g., "I'm no good at this").

Child's expressions of shame were coded by two undergraduate students enrolled in a Readings & Research course (See Appendix K for the coding manual and Appendix L for the coding sheet). The coding process involved the assessment of shame expressions in three tasks, easy puzzle/failure, difficult puzzle/failure, and

matching task. Interrater reliability was measured by Kappa. Kappa coefficients for the failure condition of the easy puzzle (mean  $\kappa = .74$ ), difficult puzzle (mean  $\kappa = .58$ ), and matching task (mean  $\kappa = .73$ ) demonstrated moderate to good interrater agreement.

### 3.1.3.2 Mothers' reports of children's shame

Mothers' filled in the "My Child Shame Inventory" developed by Barrett and Ferguson (2006) to assess children's tendency to feel shame in mishap situations through maternal reports of their observations. The scale was used in several studies including those conducted by Barret, Zahn-Waxler and Cole (1993), Zhang (2011). The reported Cronbach Alpha's range from .76 to .85. Cronbach alpha of this scale in the present study was .71. The 7-point Likert scale consisted of 52 items 16 of which were assessing shame. These 16 items were taken to assess children's shame proneness. Scale ratings ranged from 1 = *never* to 7 = *always*. (Appendix M for the Turkish version and Appendix N for the English version). An exploratory factor analysis was conducted to investigate the underlying factor structure of the measured variables. Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy indicated the suitability of the data for factor analysis (KMO = 0.59). Bartlett's test of sphericity yielded a significant result ( $\chi^2 = 248.070$ ,  $df = 66$ ,  $p < .001$ ) supporting the presence of correlations among the items. Specifically, Factor 1 showed high loadings for items 4, 9, 20, 22, 27, and 45, indicating that these items are strongly associated with this factor. Similarly, Factor 2 demonstrated high loadings for items 5, 17, 22, 27 and 52, suggesting a strong association between these items. Further analyses that were conducted to have a better understanding of the internal consistency and reliability of these two factors yielded a Cronbach's alpha of 0.80 for Factor 1, suggesting a

good internal consistency and reliability for the items within this factor. This indicated that the scale items in Factor 1 can be considered as representing a coherent dimension or factor. On the other hand, Factor 2 had a Cronbach's alpha of 0.54, indicating relatively low internal consistency and reliability for the items within this factor suggesting that the items in Factor 2 may not be measuring a single underlying construct reliably.

A closer look into the items that loaded together revealed that items in Factor 1 mostly involved maternal observations about their children's self-derogatory expressions underlining a sense of worthlessness. (e.g. "When s/he does something wrong, s/he constantly says "I'm bad", "When s/he does something wrong, s/he keeps talking about how stupid s/he looks"; S/he constantly humiliates her/himself after failing or behaving in the wrong way."; "S/he always talks about how bad s/he is"; "S/he repeatedly says "stupid" or "idiot" when s/he makes a mistake"; "When s/he feels inadequate, s/he seems like s/he feels worthless").

Items which loaded in Factor 2, on the other hand, mostly involved mothers' observations of child behaviors following failure or mishap situations (e.g. "S/he can't look you in the eye when s/he fails or does something wrong"; "S/he avoids making eye contact if s/he did not meet his parents' expectations"; "S/he always talks about how bad s/he is"; "S/he repeatedly says "stupid" or "idiot" when s/he makes a mistake"; "S/he hides her/his face or eyes when s/he does something wrong or feels inadequate").

### 3.1.3.3 Observational measures of mothers' controlling practices

Two dyadic interaction tasks were used to observe mothers' controlling behaviors of interest, i.e. their autonomy support and their negative/positive evaluations. The etch-

a-sketch task is one of the “teaching tasks” designed by Erickson et al. (1985) to assess the quality of the interactions between mother and her child. In this task, each mother-child dyad was asked to draw a copy of a house illustration given them as a template model by using the etch-a-sketch toy within a 5 minutes time limit. The etch-a sketch toy includes two knobs and allows the mother and child to draw by turning the knobs. According to the rules of the task, the mother was allowed to use only one knob with which vertical lines could be drawn and the child was allowed to use the other knob to draw horizontal lines. In the beginning of the task the experimenter explains the rules, demonstrates how the toy works and then leaves the room to come back when the time is up.

The second task is a difficult puzzle making activity developed by Alessandri and Lewis (1993) in which the child was asked to complete a 25-piece puzzle within 5 minutes. Different from the original tasks developed by Erickson et al. (1985), and in line with Alessandri and Lewis’ procedure, in both of the tasks, mothers were instructed to help their children in the way they believe is appropriate, within the rules of the task. Both tasks required mothers’ use of certain teaching strategies and guidance to help their children perform the task.

The extent to which mothers engage in autonomy granting versus intrusive behaviors were coded based on Erikson, Sroufe and Egeland’s (1985) coding manual. The coding procedure that was initially developed by Erickson et al. were adopted and used by scholars in numerous studies (Carlson et al., 1999; Corapci, Benveniste, & Bilge, 2018; Jimerson, Egeland, Sroufe, & Carlson., 2000; Pianta, Smith, & Reeve, 1991; Renken et al., 1989; Roisman, Padrón, Sroufe, & Egeland, 2002). Erikson et al.’s coding scheme involved the global ratings of maternal behaviors on a seven-point scale from 1 (very low) to 7 (very high) on autonomy

support. The lowest three scores represent lower levels of mother's lower levels of autonomy support. A score of 4 corresponds to moderate autonomy support and ratings above 4 represents increasing levels of autonomy support. The lowest score was given when "mother completely denies the child's individuality in the teaching techniques she uses. Mother is very intrusive, physical and forceful in controlling the child". The highest score was given when "mother very clearly interacts with the child in a way that acknowledges the validity of the child's perspective, encourages the child to acknowledge his/her intentions, and to negotiate the course of interactions in the sessions" (see Appendix O for descriptions of maternal behaviors at each score level). Coders were provided with detailed descriptions for all ratings in the manual. A coding sheet was designed for coders to help them identify maternal behaviors of interest during the coding procedure (Appendix P).

Mothers' negative and positive evaluations during dyadic interactions in the difficult puzzle and the etch-a-sketch tasks were coded based on Kelley et al's assessments of mothers' negative and positive feedbacks during a puzzle activity with their toddlers (2000). This coding scheme was adopted from Alessandri and Lewis (1993) work in a study with 3 years old children and their parents. Kelley et al. reported 71% and Alessandri and Lewis reported 84% agreement across coders. In both schemes negative evaluation is defined as mothers' feedbacks that involve a negative connotation, even with a playful voice tone, such as "You're such a lazy bones", "You're not good at this", "That's not where that goes", "You didn't put it together correctly (stated with annoyance)" (Appendix Q). Positive evaluations include statements such as "good job!", "well done!", "you're doing great"). Coders used two coding sheets that are developed by the researcher based on the transcriptions of mothers' evaluations (Appendix R). The codings of mothers'

evaluations from videotaped recordings began when the experimenter left the playroom and ended when she came back 5 minutes later. Coders observed and coded the frequency of occurrence of negative and positive evaluations by 10 second segments. Negative and positive evaluations were coded in separate sessions. Lower numbers represent mothers' fewer utterances of evaluations, both negative and positive. The mean number occurrence for negative evaluation occurrences was 7.5, ranging from 0 to 34, and the mean number occurrence for positive evaluations was 10, ranging from 0 to 30.

All observational measures of control are coded by one graduate student and two undergraduate students enrolled in a Readings & Research course. Kappa's for autonomy support (mean  $\kappa = .73$ ), negative evaluations (mean  $\kappa = .57$ ) and positive evaluations (mean  $\kappa = .62$ ) demonstrated moderate to adequate interrater agreement.

#### 3.1.3.4 Mothers' self-reports of controlling parenting practices: New friends vignettes

New friends vignettes are maternal self-report scales devised by McShane (2003) to assess mothers' autonomy supportive vs. controlling parenting behaviors in their children's novel encounters. It assesses whether the mother adopts an overprotective (OP), a critically controlling (CC) or an autonomy supportive (AS) way of encouraging her child in a novel social situation. Mothers are given two different scenarios in which a mother and her child encounters new children and adults and they are asked to rate the likelihood of engaging in a set of behaviors for the given scenarios. Two versions of vignettes, one for female children and one for male children, were prepared to be presented to mothers who had daughters or sons. The vignettes consisted of sentences describing various behaviors, and the mothers were

asked to rate these behaviors on a three-point scale (0 = no, 1 = maybe, 2 = yes). The statements included behaviors representing overprotective, critically controlling, or autonomy-supportive tendencies. Overcontrolling maternal behaviors were exemplified by statements such as, "Would you rather go back home to play with me?" and "We'll just watch for now." Critically controlling maternal behaviors were defined as those that impeded the child's sense of security by pushing the child to interact with unfamiliar children and adults when the child was not ready to do so. A sentence that represents such a behavior would be "You shouldn't behave this way in front of others!" Autonomy supportive maternal behaviors involve mother's facilitation of her child's social engagement with other children by supportive guidance and comforting. A typical sentence that describes autonomy supportive parenting would be "Maybe you can ask them if you can play too". Cronbach Alpha for the original scale was reported as .62 by McShane (2003). The scale was later used by MsShane and Hastings (2009) in a study conducted to investigate the effects of parental control on preschoolers' adjustment problems. Cronbach alpha of this scale in the present study was .60. An exploratory factor analysis was conducted to investigate the underlying factor structure of the measured variables. However, the analysis revealed an KMO value of 0.39, suggesting that the data set is not suitable for factor analysis due to inadequate sample characteristics and variable properties.

The scenarios from the original new friends vignettes and the behavioral statements are provided in Turkish in Appendix S and in English in Appendix T. Mothers' responses for each group is summed up to obtain a control score for the three types of controlling behavior.

### 3.1.3.5 Mothers' self-reports of parenting efficacy belief

Mothers' efficacy belief on their parenting ability is measured by the administration of the general parenting self-efficacy belief scale developed by Dumka, Stoerzinger, Jackson and Roosa (1996). The scale was used in several studies to assess parental self-efficacy belief of parents with children from all age groups including preschoolers, elementary school children and adolescents (Coleman & Karraker, 2000; Dumka, Gonzales, Wheeler, & Millsap, 2010; Dumka, Prost, & Barrera, 2002; Izzo et al., 2014). Mothers' rated their perceived ability in parenting on a 10 item 7-point Likert scale that range from 1 = very much disagree to 7 = very much agree (See Appendix U for scale items in Turkish and Appendix V for scale items in English). The average Cronbach Alpha for the original scale was reported by the authors as .69. Cronbach alpha of this scale in the present study was .60. An exploratory factor analysis was conducted to investigate the underlying factor structure of the measured variables. The Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy indicated the suitability of the data for factor analysis (KMO = 0.57). Bartlett's test of sphericity yielded a significant result ( $\chi^2 = 239.060$ ,  $df = 66$ ,  $p < .001$ ), supporting the presence of correlations among the items. Specifically, Factor 1 exhibited high loadings for items 1, 4, 7, 9, and 10, indicating a strong association with this factor. Further analyses were performed to better understand the internal consistency and reliability of this factor, resulting in a Cronbach's alpha of 0.74. This suggests that the items loaded onto this factor are reasonably consistent in measuring a coherent dimension.

### 3.1.3.6 Mothers' contingent self-worth

Mothers' contingent self-worth is measured by the administration of a 15-item Likert-scale parental contingent self-worth scale developed by Eaton and Pomerantz (2004) as reported by Ng et al. (2014). The ratings of each range from 1 = *very much disagree* to 7 = *very much agree* for items such as "When my son/daughter fails, I feel badly about myself", "When my son/daughter does something bad, I feel ashamed" (See Appendix W for the Turkish version and Appendix X for the English version). The scale was used in numerous studies to assess parents' child-based self-worth in American, European and Asian cultures (Ng et al., 2014; Ng, Pomerantz, Lam, & Deng, 2019; Otterpohl et al., 2020; Steffgen et al., 2022; Zhang, Song, & Hong, 2019). The reported Cronbach Alpha's of the scale reported in these studies ranges from .88 to .92. Cronbach alpha of this scale in the present study was .71. An exploratory factor analysis was conducted to investigate the underlying factor structure of the measured variables. However, the analysis revealed an KMO value of 0.48, suggesting that the data set is not suitable for factor analysis due to inadequate sample characteristics and variable properties.

### 3.1.3.7 Mothers' trait anxiety

Mothers' trait anxiety is measured with the STAI Trait Anxiety Inventory developed by Spielberger (1983). The inventory consists of 40 items, 20 of which measure trait anxiety on a 4-point Likert scale that range from 1 = almost never to 4 = almost always (See Appendix Y and Appendix Z for the Turkish and English versions of the scale). In their study on the generalization of STAI anxiety scales reliability Barnes, Harp and Jung (2002) reviewed 819 studies and found Cronbach Alpha's ranging from .86 to .92. Cronbach alpha of this scale in the present study was .82. Both

Confirmatory Factor Analysis and Exploratory Factor Analysis were conducted for the Turkish version of the scale by Tomak, Sari, Çavuş and Guney (2022). The KMO value for the Turkish version of the scale was 0.9, indicating that the sample was suitable for factor analysis. The item-trait interaction chi-square statistic was 342.344 for the state scale ( $p < 0.001$ ) and 381.247 for the trait scale ( $p < 0.001$ ). These results suggest significant associations between the items and the underlying traits. Thus, confirmatory factor analysis (CFA) validated the suitability of response items for calculating a total scale score.

## 3.2 Study 2

### 3.2.1 Participants

Participants of the second study were recruited through social media and personal connections. A total of 38 mothers participated in focus groups ( $N = 13$ ) and interviews ( $N = 25$ ). Mothers' mean age was 38.4 years ( $SD = 4.4$ , range 26 – 50) and their children's mean age was 66.3 months (20 boys,  $SD = 25.9$ , range 36 – 164). Eighty-two percent were well educated with at least a university degree and 83% of them were working. A summary of participant demographics is provided below in Table 3.

Table 3. Study 2 - Focus Group & Interview Participants

Variable	%
Child gender (% of boys)	52
Maternal education (% of university degree and above)	82
Maternal occupation (% of housewives)	83
Marital status (% divorced)	18
Number of siblings in the household (% at least 1 sibling)	60

### 3.2.2 Procedure

Before the recruitment of participants, a new ethics approval was obtained from the Ethics Committee for Master and PhD Theses in Social Sciences and Humanities. Those mothers who agreed to participate signed either a hard copy of a consent form or gave their consent via e-mail upon reading the form (See Appendix E and Appendix F for the Turkish and English versions of the consent form). All mothers also filled in the demographics form that was used in the laboratory observations part of the study. Although the initial intention was to conduct the process with one predetermined question set, findings from the analyses of observational data, which was carried out in parallel to the initial set of face-to-face data collections, revealed the need to partially revise the initial set of questions (See Appendix G and Appendix H for the Turkish and English versions of the first question set). A second phase of individual interviews were carried out with the revised question set (See Appendix I and Appendix J for the two versions of the revised question set). The first set of questions were discussed in three focus groups with a total of 13 participants and in individual interviews with 15 mothers. The second set of questions were the subject of discussion with another 10 mothers.

All focus group meetings were moderated by the researcher. In the beginning of each focus group session, information on the scope, the purpose and the expected duration of the interview was shared. Following a warm-up introduction, each question was discussed with the mothers for 3 to 5 minutes. After concluding the discussion, participants were provided with a closing question to share any additional comments or questions they might have had on the subject. Focus groups were exclusively conducted in face-to-face physical gatherings, whereas interviews were carried out in both phone-based and face-to-face settings. The introduction and the

closing of interviews were similar to those performed in focus groups. Focus group interviews were recorded digitally upon participants' approval. Mothers' responses in one on one settings were logged by the interviewer's handwritten notes. Upon the completion of all the meetings and interviews contents are transcribed, consolidated, and analyzed based on the emerging indicators.

### 3.2.3 Focus group and interview questions

A set of 11 questions was initially devised to collect qualitative data on Turkish mothers' understanding of how, when and why their children experience shame. The main aim was to understand whether Turkish children exhibit shame in the achievement and mishap contexts as it is usually described in Western literature, and how mothers reacted in these situations. Part of these questions also addressed mothers' own experiences of shame throughout their socialization process to have a cultural perspective on the ways shame culture is conveyed and socialized during development in Turkish families.

A revised set of 12 questions was formed as the initial analyses of the observational data revealed a positive relation between child shame and parental autonomy support. In addition to the shame related questions of the first set, questions on mothers' views on autonomy supportive vs. intrusive practices and how they relate these practices to children's shame experiences were also included.

## CHAPTER 4

### RESULTS

#### 4.1 Study 1

##### 4.1.1 Descriptive statistics

Descriptive values for the study variables are provided in Table 4. Skewness and kurtosis values and scatter plots indicated that the assumptions of normality, linearity and homoscedasticity are satisfied for all measures except for the New Friends Vignette-Critical Control and Autonomy Support scores. These variables had platykurtic distributions with kurtosis values lower than 3. NFV-Critical Control ratings were distributed with a positive skewness, whereas NFV-Autonomy Support ratings were negatively skewed. Transformations have not normalized these distributions, thus these two measures are excluded from further analyses.

Table 4. Descriptive Statistics for Study Variables

Variables	<i>N</i>	Mean	<i>SD</i>	Range
<b>SHAME - OBSERVATIONS</b>				
Easy Puzzle	45	0.14	0.09	0-0.43
Difficult Puzzle	44	0.09	0.11	0-0.30
Matching	47	0.13	0.09	0-0.42
Broken Toy	47	0.05	0.07	0-0.24
<b>SHAME - MOTHERS' REPORTS</b>				
My Child Shame scale	48	39.52	11.36	17-58
<b>PARENTAL CONTROL - OBSERVATIONS</b>				
Negative Evaluations Difficult Puzzle	47	5.49	5.06	0-18
Negative Evaluations Etch-a-sketch	47	9.53	6.47	1-34
Positive Evaluations Difficult Puzzle	47	9.96	6.78	0-27
Positive Evaluations Etch-a-sketch	47	10.95	7.42	2-30
Autonomy Support Difficult Puzzle	47	4.66	1.39	2-7
Autonomy Support Etch-a-sketch	47	4.34	1.55	2-7
<b>PARENTAL CONTROL - MOTHERS' REPORTS</b>				
New Friends Vignette - Overprotective	48	11.88	4.41	3-21
New Friends Vignette - Critical Control	48	5.17	5.49	0-22
New Friends Vignette - Autonomy Supprt	48	15.33	7.15	0-24
<b>MATERNAL CHARACTERISTICS - MOTHERS' REPORTS</b>				
Parenting Self Efficacy Belief	48	29.77	6.54	11-44
Contingent Self-worth	48	64.44	15.62	28-96
STAIT-Trait Anxiety	48	38.98	7.44	23-59

Given the well documented gender differences both in children' shame-proneness and parents' tendency to exhibit controlling behaviors, an initial between subjects t-test was revealed no effect of gender across measures (all  $p$ 's > .05) .

Therefore, child gender was not included in further analyses as a covariate.

Next, based on the premises that failure in an easy task would elicit more shame than failure in a difficult task, a paired samples t-test was conducted. Results indicated a significant difference between shame expressions observed following failure in the easy and in the difficult puzzle conditions ( $M_{easy} = .14$ ,  $SD_{easy}=.09$ ;  $M_{diff}=.09$  ,  $SD_{diff}= .10$ ,  $t(43) = 2.11$   $p = .01$ ). Children who fail and were told that their peers could finish an easy puzzle within the time limit were observed to express significantly more shame than when they fail in a difficult puzzle and were told that

their peers also fail to succeed. When the shame expressions observed following failure in the easy puzzle and matching conditions were compared, a paired samples t-test showed no significant results ( $p = .961$ ). This result suggested that the paradigm worked as expected.

A series of hierarchical regression analyses were conducted to test for the role of mothers' cognitions and controlling parenting behaviors on children's shame expressions for three different outcome variables; observed shame in easy puzzle, difficult puzzle and matching tasks, composite observed shame, derived from the shame scores of matching task, easy puzzle, difficult puzzle, shame in matching task and mothers' reports of child shame.

#### 4.1.2 Intercorrelations among study variables

First, a correlation analysis was conducted among measures of children's shame-proneness across three tasks and maternal reports of child shame. The analysis revealed a positive significant correlation between children's shame expressed upon failure in the easy and difficult puzzle tasks,  $r(44) = .71, p < .001$ . Shame expressions observed in the matching task was only marginally correlated with observations in the difficult puzzle task,  $r(44) = .33, p = .053$ , but not with those in the easy puzzle. Thus, a composite shame expression score was computed by averaging the standardized scores on the easy and difficult puzzle tasks. Yet, there was no significant association between mothers' reports of child shame proneness and children's observed shame in any of the laboratory tasks. Correlations among children's shame measures are provided below in Table 5.

Table 5. Correlations Among Children’s Shame Measures

Variables	Shame Easy Puzzle	Shame Diff Puzzle	Shame Matching Task	ShameScale
Shame Easy Puzzle	1	.71**	.18	-.26
Shame Difficult Puzzle	-	1	.33*	-.13
Shame Matching Task	-	-	1	-.06
Shame Scale	-	-	-	1
Composite Shame Observed	-	-	-	-

\*\* Correlation is significant at the 0.01 level (2-tailed)

\* Correlation is significant at the 0.05 level (2-tailed)

Second, correlations among measures of maternal control behaviors that were designed to measure the same construct, i.e. mothers’ autonomy support across tasks, negative and positive evaluations across tasks, were obtained. The correlations for maternal intrusion, positive feedback and negative feedback between the Etch-a-sketch and difficult puzzle tasks were positive and significant,  $r(47) = .76, p < .01$ ,  $r(47) = .43, p < .01$ ,  $r(47) = .38, p < .05$ , respectively. Positive and negative evaluations were also positively and significantly correlated,  $r(47) = .67, p < .001$ . Thus, composite autonomy support score, and a composite evaluation score were computed by averaging the standardized scores. Negative evaluation scores were reversed before the calculation of the composite evaluation scores such that higher scores characterized higher levels of positive evaluations.

Next, correlations were conducted to understand the link among maternal cognition (i.e., efficacy in parenting, contingent self-worth), emotion (i.e., anxiety), and the composite maternal behaviors. Only mothers’ contingent self-worth ratings were significantly and positively correlated to their self-reported trait anxiety ( $r(48) = .38, p < .01$ ).

Finally, a correlational analysis was run to look for the associations between demographic variables (child age, mother age, mother education) and composite shame, composite autonomy support, composite evaluations scores and maternal

variables. None of the demographic variables was found to be correlated with the predictors and outcome variables of the study. All correlations among study variables are provided below in Table 6.

Table 6. Correlations Among Input Variables

Variables	Neg Eval Puzz	Pos Eval Puzz	Neg Eval Etch-a- sketch	Pos Eval Etch-a- sketch	Aut Supp Puzz	Aut Supp Etch-a- sketch	PSEB	CSW	STAI-Trait anxiety
Neg Eval Puzz	1	.03	.38*	.01	-.01	.03	.29*	.02	.11
Pos Eval Puzz	-	1	.09	.43**	.09	.06	.02	-.21	.12
Neg Eval Etch-a-sketch	-	-	1	.08	-.06	-.07	0.23	.16	.09
Pos Eval Etch-a-sketch	-	-	-	1	-.13	.12	.01	-.01	.06
Composite NegPos Evaluation	-	-	-	-	.01	.09	-.21	-.16	-.01
Aut Supp Puzz	-	-	-	-	1	.76**	-.14	.19	.08
Aut Supp Etch-a-sketch	-	-	-	-	-	1	.19	.25	.06
Composite Aut Supp	-	-	-	-	-	-	.02	.24	.07
PSEB	-	-	-	-	-	-	1	.01	-.05
CSW	-	-	-	-	-	-	-	1	.38**
STAI-Trait anxiety	-	-	-	-	-	-	-	-	1

\*\* Correlation is significant at the 0.01 level (2-tailed)

\* Correlation is significant at the 0.05 level (2-tailed)

#### 4.1.3 Correlations between shame expressions and composite observed mother behaviors, self-reported cognitions and emotions

When the composite shame score (i.e. observed easy puzzle and difficult puzzle) was taken as the indicator of shame-proneness results revealed a significant positive correlation with composite autonomy support score and a negative correlation with mothers' self-report of parenting efficacy belief ( $r(47) = .39$ ,  $p < .01$ ,  $r(47) = -.46$ ,  $p < .05$ ). A similar correlation was found when shame expression in the easy puzzle task was taken as a single indicator of shame proneness. Results revealed a significant correlation of children's shame expressions observed in the easy puzzle task with composite autonomy support score and mothers' self-reports of parenting self-efficacy belief,  $r(45) = .34$ ,  $p < .05$ ,  $r(45) = -.37$ ,  $p < .05$ .

Mothers' reports of children's shame as the single indicator of shame-proneness was only correlated to maternal self-reports of trait anxiety ( $r(48) = .43$ ,  $p < .05$ ). Mothers with higher trait anxiety were more likely to report child shame proneness. All correlations among shame expressions and composite scores of mothers' controlling behaviors, self-reported cognitions and anxiety are provided below in Table 7.

Table 7. Correlations Among Children's Shame Measures and Measures of Mothers' Controlling Behaviors, Cognitions, Emotions

	Shame Easy Puzzle	Shame Diff Puzzle	Shame Matching Task	Shame Scale	Composite Shame Observed	Neg Eval Puzzle	Pos Eval Puzzle	Neg Eval Etch-a- sketch	Pos Eval Etch-a- sketch	Composite NegPos Evaluation	Aut Supp Puzzle	Aut Supp Etch-a- sketch	Composite Aut Supp	PSEB	CSW	STAI_trait
Shame Easy Puzzle	1	.706**	0,177	-0,265	.805**	-0,034	-0,031	-0,166	-0,293	-0,051	.485**	0,203	.369*	-.344*	0,067	-0,047
Shame Diff Puzzle	-	1	.329*	-0,132	.874**	-0,021	-0,024	-0,152	-0,105	0,018	.384*	0,181	.304*	-0,296	0,002	0,245
Shame Matching Task	-	-	1	-0,057	.646**	-0,196	-.330*	-.549**	-0,114	0,124	-0,011	0,030	0,010	-0,162	-0,202	0,151
Shame Scale	-	-	-	1	-0,190	0,146	0,152	0,082	0,023	-0,022	-0,143	-0,107	-0,133	-0,032	-0,211	.427**
Composite Shame Observed	-	-	-	-	1	-0,122	-0,153	-.366*	-0,219	0,046	.385**	0,196	.313*	-.325*	-0,061	0,167
Neg Eval Puzzle	-	-	-	-	-	1	-0,003	0,275	-0,015	-.533**	-0,004	0,034	0,016	.292*	0,015	0,111
Pos Eval Puzzle	-	-	-	-	-	-	1	-0,089	.475**	.646**	0,089	0,055	0,077	0,022	-0,210	0,117
Neg Eval Etch- a-sketch	-	-	-	-	-	-	-	1	-0,087	-.598**	-0,062	-0,070	-0,070	0,234	0,162	0,086
Pos Eval Etch- a-sketch	-	-	-	-	-	-	-	-	1	.650**	-0,130	0,119	-0,006	0,008	-0,007	0,061
Composite NegPos Evaluation	-	-	-	-	-	-	-	-	-	1	0,010	0,087	0,051	-0,205	-0,162	-0,008
Aut Supp Puzzle	-	-	-	-	-	-	-	-	-	-	1	.763**	.939**	-0,142	0,190	0,075
Aut Supp Etch-a-sketch	-	-	-	-	-	-	-	-	-	-	-	1	.939**	0,188	0,253	0,056
Composite Aut Supp	-	-	-	-	-	-	-	-	-	-	-	-	1	0,024	0,236	0,070
PSEB	-	-	-	-	-	-	-	-	-	-	-	-	-	1	0,013	-0,055
CSW	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-.376**
STAI_trait	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1

\*\* Correlation is significant at the 0.01 level (2-tailed)

\* Correlation is significant at the 0.05 level (2-tailed)

#### 4.1.4 Prediction of children's shame expressions from mothers' cognitions, anxiety and control

A series of hierarchical regression analyses were conducted to identify the independent predictors of children's observed shame expressions from mothers' behaviors, cognitions, and emotions. Three separate analyses were conducted for (1) shame expression across puzzle tasks, i.e. composite shame, (2) shame expression during the matching task and (3) mothers' report of child shame.

For each outcome variable (composite shame, shame in matching task, mothers' report of shame), predictors were mothers' cognitions (parenting self-efficacy belief, contingent self-worth) and trait anxiety as well as the composite scores of their observed controlling parenting behaviors, i.e. autonomy support and evaluative feedback. In order to reveal the independent effects of each maternal characteristics and parenting behavior on children's shame-proneness, all the predictor variables were entered in the first step of the regression analysis.

The first regression analysis revealed that mothers' autonomy support positively predicted children's observed shame expression across puzzle tasks ( $\beta = .25$ ,  $t(46) = 1.79$ ,  $p < .05$ ). Furthermore, mothers' efficacy beliefs negatively predicted children's shame-proneness ( $\beta = -.38$ ,  $t(46) = 2.81$ ,  $p < .01$ ). The model explained 32% of the variance for the children's observed shame,  $F(5,41) = 3.90$ ,  $p < .005$ . Mothers' evaluations, contingent self-worth and trait anxiety were not significant predictors of children's shame expression in puzzle tasks (all  $p$ 's  $> .08$ ). Results are presented in Table 8.

Table 8. Regression Analysis Predicting Composite Scores of Children’s Shame Expressions

Step	DF	F	B	SE	$\beta$
1.	41	3.9			
Parenting Self-efficacy Belief			-.41	.15	-.38**
Contingent Self-worth			-.11	.13	-.11
STAI -Trait anxiety			.10	.14	.09
Composite Evaluations			-.15	.15	-.14
Composite Autonomy Support			.25	.14	0.25*

\*\*p < 0.01

\*p < 0.05

In the prediction of children’s shame expressions observed in the matching task, the model with all predictors accounted for 22% of the variance. Only the composite evaluation score was a significant predictor,  $\beta = -.36$ ,  $t(46) = -2.54$ ,  $p < .05$ , such that more evaluations by mothers predicted less shame expression in children upon failure in the matching task,  $F(5, 41) = 2.41$ ,  $p < .05$ . None of the remaining maternal variables were significant predictors (all  $p$ ’s > .20). Results are presented in Table 9.

Table 9. Regression Analysis Predicting Children’s Shame Expressions in Matching Task

Step	DF	F	B	SE	$\beta$
1.	5, 41	2,41			
PSEB			-.11	.16	-.10
CSW			-.20	.15	-.19
Stait - Trait			.14	.15	.14
Composite Evaluation			-.40	.16	-.36*
Aut Supp Puzzle w Mom			-.11	.15	-.11

\* p < 0.05

Finally, in the prediction of mother ratings of children’s shame-proneness, the model with all predictors explained 21% of the variance,  $F(5,41) = 2.22$ ,  $p = .05$ . Maternal trait anxiety was the only significant predictor,  $\beta = .36$ ,  $t(46) = 0.43$ ,  $p < .01$ , such that mothers with higher anxiety were also more likely to report shame

proneness in their children.. None of the remaining variables were significant predictors (all  $p$ 's > .45). Results are presented in Table 10.

Table 10. Regression Analysis Predicting Mothers' Reports of Children's Shame-proneness

Step	DF	<i>F</i>	<i>B</i>	SE	$\beta$
1.	5, 41	2.22			
Parenting Self-efficacy Belief			.12	.15	.12
Contingent Self-worth			.01	.15	.01
STAI -Trait anxiety			.41	.14	.43*
Composite Evaluations			.12	.16	.12
Composite Autonomy Support			-.09	.15	-.09

\*  $p < 0.05$

To sum up, findings revealed that higher rates of maternal autonomy supportive behavior in the two dyadic interaction tasks of the study and lower levels of parenting efficacy made both independent contribution to the prediction of individual differences in children's shame proneness when they failed in the puzzle tasks. Fewer feedback predicted children's shame proneness during the matching task only. Mothers' self-reported contingent self-worth and trait anxiety were not related to any of the observational shame measures. But trait anxiety was the only significant predictor when all maternal characteristics were taken into consideration to explain individual differences in mother ratings of children's shame proneness.

#### 4.2 Study 2: Analysis of the qualitative data: mothers' responses to the focus group and interview questions

##### 4.2.1 Organization of the qualitative data

The analysis of qualitative data involved a systematic method which was developed based on the procedures and techniques proposed by Mason (2002). After an initial process of categorization, this method allowed for the identification of the main

indicators in mothers' responses. After a thorough familiarization with the data, the main issues addressed by the study's hypotheses are identified, and initial categories and subcategories are formed. These categories are not only based on the research questions but also derived from insights gained during the familiarization stage. Once the responses are compiled and mapped into each category and subcategory, the key characteristics, issues and recurring patterns of responses are identified to define indicators. This approach yielded 4 main categories with a total of 28 indicators. Table 11 provides a list of categories, subcategories, and indicators, along with their respective frequencies of occurrence. Next sections provide results on the indicators derived from mothers' responses under each category.

Table 11. Indicators, Categories and Subcategories

Category/Subcategory/Indicator		Frequency
Category 1	Mothers' conceptualization of shame & guilt	
Subcategory 1	what does child's shame experience indicate?	
Indicator1	indicator of the ability to know wright from wrong	33%
Indicator2	indicator of low self-esteem and feelings of inadequacy	79%
Indicator3	indicator of child's anxiety	60%
Subcategory 2	mothers' beliefs about shame's role in development	
Indicator1	detrimental to development	49%
Indicator2	necessary for development	43%
Indicator3	depends on regulation	8%
Subcategory 3	differences btw shame & guilt	
Indicator1	dissapearance vs. confession	59% / 13%
Indicator2	follows unintentional vs. intentional act	43%
Indicator3	presence of others	37%
Category 2	Mothers' observations of children's in failure or mishap situations	
Subcategory 1	obs feelings following failure vs. mishap	
Indicator1	Other negative emotions: sadness/frustration/anxiety/stress	100%
Indicator2	Anger	58% (F) / 5% (M)
Indicator3	Shame	13% (F) / 45% (M)
Indicator4	Guilt	2% (F) / 21% (M)
Indicator5	Emotions based on self-evaluations	37%
Category 2	Mothers' observations of children's in failure or mishap situations	
Subcategory 2	obs behavior following failure vs. mishap	
Indicator1	withdrawal	64%
Indicator2	acting out / aggression /raising voice, hitting	54% (F) / 12 % (M)
Indicator3	crying, clinging, teary eyes	59% (F) / 5% (M)
Indicator4	confession	15 % (M)
Category 3	Mothers' responses in shame eliciting situations	
Subcategory 1	mothers' behavioral responses	
Indicator1	supportive approach (e.g. hugging, soothing, scaffolding)	95%
Indicator2	non-supportive responses (e.g. Raising voice, getting angry)	5%
Subcategory 2	beliefs about and frequency of use of shaming expressions	
Indicator1	never use shaming expressions	38%
Indicator2	occasional use of shaming expressions	46%
Category 4	Mothers' views on autonomy supportive (AS) vs. intrusive parenting	
Subcategory 1	beliefs about the positive effects of autonomy support	
Indicator1	effects on child's self-esteem / feelings of inadequacy	70%
Indicator2	effects on child's resilience	60%
Indicator3	effects on parent-child relationship (trust, openness)	70%
Subcategory 2	autonomy supportive behaviors	
Indicator1	encourage & guide	100%
Indicator2	avoid creating time pressure	40%
Indicator3	not taking over	60%

#### 4.2.2 Mothers' conceptualization of shame & guilt

The first main category was mothers' conceptualization of shame and guilt. This category encompasses three subcategories including how mothers view what shame experience indicates, how they distinguish between shame and guilt, and their beliefs about the developmental effects of shame. Mothers typically endorsed that children's shame expressions indicate their child's "ability to differentiate between right and wrong." Approximately one-third of mothers expressed their support for the belief

that a certain degree of shame is necessary. A typical response endorsing this view is: *"When he feels shame, it is an indicator that he knows he did something wrong. I mean, it shows that he knows the difference between right and wrong, and he has a sense of morality"*.

Mothers also regard shame as an “indicator of the child's sense of inadequacy and low self-esteem”. Seventy nine percent of mothers have associated shame with low self-esteem and emphasized the importance of avoiding parenting behaviors that would cause the child to experience shame. One example that represents this widely accepted maternal view is as follows: *“Every situation in which a child feels shame actually has a negative impact on their self-esteem. This is because whatever caused this feeling, it triggers a sense of not being good enough. What matters is how we as parents react in such situations. It is essential never to respond in a way that would make the child feel ashamed of themselves.”*

Children's shame is also seen as a reflection of anxiety, created by the fear of being judged or being unloved due to their actions according to approximately 60% of the mothers. Among the participants, a mother of a 4-year-old boy stated, *“ In my opinion, if my son expresses shame, he probably thinks that others will perceive his actions negatively, and people will look at him with disapproval, thinking negatively about him.”* Mothers' responses revealed that children's anxiety associated with shame manifests itself both in situations where they engage in an undesirable behavior and in failure situations.

Beliefs about the role of shame in development was the second subcategory under the mothers' conceptualization indicator. This subcategory includes three dominant issues. While 49% of mothers stated that experiencing shame is detrimental to a child's healthy social and emotional development, 43% believed that

experiencing a certain level of shame is essential for children's understanding of moral rules. The remaining 8%, on the other hand, pointed out that the influence of shame on children's development depends on whether the child can cope with this emotion. A typical response for the view is *"If a child experiences intense shame, this can be profoundly damaging to his self-esteem, and this shape both the way he sees himself and can erode his confidence"*. Another typical response is *"If someone feels too much shame, of course, it has a negative impact. They feel crushed, experience problems with self-confidence."* A mother who endorsed the opposing view, on the other hand, stated that *"Shame is also an emotion. Its dose is important. If it's in moderation, it won't bring an extra burden. If someone is shameless, they won't feel any shame at all. But if it's in moderation, they learn not to make mistakes."*

However, it is important to note that in order for shame to have positive effects on social and moral development, it must be regulated appropriately. A typical response which reveals this maternal belief is *"It is normal for a child to experience situations that make them feel ashamed. In my opinion, what matters is how they cope with it when they feel ashamed. I find it important for them to be able to comfortably talk to me about such situations, explain what happened, and share their sadness. If they are unable to do so, they may be overwhelmed by feelings of shame."*

The last subcategory under the first category of mothers' conceptualization of self-conscious emotions referred to how mothers differentiated between shame and guilt. Their responses indicated that they make this distinction while taking three issues into consideration: the child's behaviors when experiencing emotion; whether

the event that triggered the emotion was intentional or unintentional; and the presence or absence of others during the incident.

With respect to the behaviors associated with shame and guilt, frequently expressed responses by mothers revealed that children experiencing shame tend to hide behind their mothers or isolate themselves in their own rooms, while those feeling guilty apologize. Of the mothers interviewed, 59% of them stated that their children tend to hide when they feel ashamed, yet only 15% reported that confession was a typical indicator of guilt.

Regarding the second view of whether the behavior that led to the emotion was intentional or unintentional, 43% of mothers have associated intentional mishaps with feelings of guilt, while unintentional ones were associated with feelings of shame. Finally, the presence or absence of others around the child also appears to be as a differentiating factor between shame and guilt, mentioned by 37% of the mothers. One mother also labeled this issue as "*internally vs. externally activated*" meaning that shame is triggered internally by the child's self-evaluations, especially when there is no one around, while experiencing guilt is externally triggered by the presence of others. Yet, there was no consensus and some mothers have also associated the presence of others as accentuating the feelings of shame.

The response by a mother of a 4-year-old boy points to both the first and the third issues. This mother stated that "*Knowing that what he did was wrong and doing it intentionally leads to feelings of guilt. For example, we decided to have chocolate after dinner, but later we saw him taking a piece and eating it under the table. In this situation, he initially felt guilty. But then, when we encouraged him to come out from underneath the table and tell us what he had done, he realized that he had been*

*caught in front of his aunt and cousin. He felt ashamed and didn't want to come out, so he hid."*

#### 4.2.3 Mothers' observations of children in failure and mishap situations

The second category derived from mothers' responses pointed to children's behavioral manifestations in failure and mishap contexts that potentially trigger shame or guilt. When mothers were asked which emotion their children would experience in the event of failure or mishap, mothers first reported what they observe in their child's behaviors in such contexts rather than inferring their child's emotions. When the question was rephrased to help mothers state their child's emotions, the most frequently reported emotion was sadness. Therefore, in order to encourage mothers to express other emotions besides sadness, the question was asked a second time as "*Besides sadness, what do you think your child feels?*" Mothers then expressed other emotions such as frustration (30%), anxiety (36%) and stress (53%) besides sadness.

The second most commonly endorsed emotion was anger such that 58% of mothers stated that anger as the most commonly observed emotion in their children within the context of failure. However, regarding mishaps, only 5% of mothers expressed that their child becomes angry when they, intentionally or unintentionally, cause an incident that goes wrong.

Interestingly, only 13% of mothers reported shame as the child's expressed emotion in the context of failure, while 45% expressed that they observed shame in their children in a mishap situation. Only two out of thirty-eight mothers (5%) who participated in the study expressed both shame and guilt as the two emotions experienced simultaneously in the context of a mishap.

Finally, 37% of mothers have talked about child's self-doubt, low self-esteem, sense of incompetence and inadequacy, mostly observed within the context of failure in an achievement task. When looking at the responses of the mothers, it is seen that all of them expressed observing multiple emotions. Some of the responses from mothers regarding these indicators are as follows:

- *“When playing a board game with the family, if he cannot win, he gets angry first, becomes unhappy, and definitely feels sad... Sometimes, if he feels that he will fail, he worries beforehand and feels tense.”*
- *“When she can't do something she attempted, she becomes sad and angry. In my opinion, she feels inadequate and incompetent and doubts herself. She seems disappointed in herself.”*
- *“When he accidentally breaks something, first, he looks for someone else to blame. When he can't find anyone, he becomes sad, looks ashamed, and feels guilt.”*
- *“For example, if he accidentally breaks or spills something while we are at his grandma's house, he experiences a panic. He feels stressed and becomes anxious. Due to what he has done, he feels bad and experiences guilt.”*
- *“I see that he gets angry first, then feels ashamed. He says, 'How can I not do this?' He can't accept that he did this himself, and he expresses it as anger.”*

The second subcategory under this category pertained to mothers' observed behaviors upon which they base their beliefs about their children's emotions. Responses indicated that child reactions in failure and mishap situations can be grouped under four main behaviors: (1) withdrawal, (2) aggression, (3) crying, and

(4) confession. These behaviors were expressed together in various combinations by mothers. Regardless of the child age, the most commonly observed behavior was withdrawal. Across both failure and mishap contexts, mothers' inputs show that the withdrawal indicator emerges in 64% of the responses.

Younger children may attempt to hide, while teenagers typically retreat to their rooms. If they are unable to escape from view, children usually look away and avoid making eye contact. For instance, a mother who emphasized the withdrawal but also expressed her child's tendency to cry stated *"She doesn't want to continue the activity... she wants to quit... sometimes she hides behind the chair and cry."* Another typical example is as follows: *"He hides behind my skirt... doesn't like people paying attention to him....actually, he is very outgoing and extroverted, but in such situations, he hides."* Another response by a mother of an 8-year-old girl is as follows: *"She goes to her room, sighs, prefers not to talk, and prefers to distance herself from others."*

The second most endorsed behavioral response was aggression. This response was particularly manifest in the context of failure. Fifty-four percent of mothers mentioned that their child becomes aggressive when they get angry, especially in the context of failure. They stated that their children raise their voice, start yelling, become disruptive (e.g., ruin the board game, throw toys or other objects, hit). In the mishap context, on the other hand, only 12 % of mothers reported child behaviors such as throwing pillows, shouting and accusing other.

- *"He mostly ruins the game, starts shouting and crying, leaves the room, sometimes blames others, and occasionally hits"*.
- *"She frowns, starts crying, raises her voice, and protests by yelling"*.

- *“He becomes restless, cries at times, becomes aggressive and starts meaningless fights on irrelevant topics, avoiding discussing the actual issue”.*
- *“When he can't accomplish something, what I generally observe is crying, becoming aggressive and yelling, and sulking”.*
- *"She becomes emotional. Sometimes, she misinterprets the meanings of what I say when I try to calm her down, and as a result, she becomes angry and raises her voice."*

Another indicator that occasionally emerges in situations where unintentional or intentional faults are committed is confession. Due to the nature of the context, the act of confession does not emerge as a indicator within the failure context and is only reported for mishap scenarios. 15% of mothers express that their children's behaviors involve the child confessing to a mishap. The mother of a 5-year-old boy, for example, stated that *“He confesses by saying, 'mom, it happened like this, but it wasn't intentional.' He starts crying, avoids eye contact, and lowers his head”.*

Another example is as follows: *“In such situations, she immediately explains what she did and apologizes, trying to make amends and seeks forgiveness”.*

More than half of the children also cry, or their eyes get teary, especially when they cannot achieve a task in hand or when they cannot get what they want. This indicator appears in 59% of the responses given by mothers.

- *“He cries and tries to make you accept what he says.”*
- *“He cries and becomes aggressive.. refuses to accept the outcome.”*
- *“She starts crying, gets angry, and wants us to stop whatever we are doing.”*

- *“He can't continue, can't stay still, and sometimes her eyes fill with tears.”*

On the other hand, crying was not a common mentioned behavior by mothers in the context of mishaps. Only two mothers, which accounts for 5% of the participants, reported their children crying when they commit a mishap. Another child behavior expressed by mothers, although not occurring frequently enough was the child blaming others. In both contexts, a total of three mothers reported that their children blamed others for their failures or mistakes.

#### 4.2.4 Mothers' responses in shame eliciting situations

In accordance with the hypotheses of this research, another intriguing aspect pertains to how mothers respond in situations that trigger a sense of shame in their children and their opinions on the necessity of shaming the child. The first subcategory, “mothers’ behavioral responses”, involved “supportive responses” and “non-supportive shame/guilt inducing negative responses”.

When it comes to mothers' reports of their supportive responses when their children fail, the behavior most commonly exhibited is to hug the child and provide comfort in order to soothe and calm them, as well as to help the child change perspective on the failure situation for reframing.

Ninety-five percent of mothers say that they remain calm in such situations and adopt a warm approach. Thirty-four percent of them report waiting until their child calms down in failure situations. Some of these mothers also state that they respond in a similar way in the case of mishaps as well. *“When she feels disappointed in herself simply because she failed, I listen to her if she wants to talk to me. If she doesn't want to talk, I give her space for a while and wait until she feels*

*ready to discuss what happened”* is an example given by a mother who waits until her child calms down. Another similar statement is *“I usually stay calm and refrain from intervening until he expresses a desire to talk, then I listen calmly. If he wants, I tell him that we can play again. If he doesn’t want to, I don’t force him ”*. In both failure and mishap contexts, mothers talk to their children to encourage them to adopt alternative perspectives on the situation. They emphasize the importance of resilience and perseverance when faced with failure. They reinforce the notion that setbacks are temporary, and that success often follows multiple attempts. They encourage their child to persist and not lose hope. This kind of a supportive approach, which appears in 74% of responses, aims to instill viewpoints such as the importance of doing their best in the context of failure, and in the context of mishaps, it aims to help them recognize what they did was wrong, develop empathy towards those affected, and foster the understanding that everyone can unintentionally make mistakes from time to time.

Forty percent of mothers also report guiding and scaffolding their children to encourage them to try again when they fail by offering constructive feedback, highlighting what the child did well and providing suggestions for improvement. *“I explain that we all have things we can’t do. I ensure that he doesn’t feel inadequate. I provide examples of things I myself can’t do. We embrace each other. I encourage him to try again by doing it together a few times. I give him time to do it. I never make comparisons.”* is an example of a maternal report of supportive approach. Another example reported by a 5-year-old girl’s mothers is: *“I wait for her to calm down, and I explain that it is normal to go through this process and that everyone can experience it. I suggest trying again together. When she calms down she already wants to try again and starts doing it with me”*. In mishap situations, mothers also

adopt positive approaches that involve guiding the child towards apologizing as well. Thirty-five percent of mothers emphasize honesty and encourage their children to apologize by honestly admitting what happened in such situations. Some examples of behaviors reported by mothers are as follows:

- *“If he accidentally damages someone else's belonging, and if it is something that can be compensated for, I encourage him to apologize and explain that it was unintentional.”*
- *“After comforting her with a hug, if she took it without permission, I tell her that it she should have asked for her friend’s permission beforehand. However, if she asked for permission and still broke it, I would suggest apologizing and ask her to inquire about how to make amends with her friend.”*
- *“First, I try to understand what happened. I discuss the importance of honesty with her. I talk about how accidents can happen to anyone, how everyone can make mistakes, and emphasize the importance of being honest and apologizing.”*

Only two out of 38 participant mothers indicate that they may become angry and raise their voice if the child cries unnecessarily in case s/he fails or does something unwanted. *“I tell him that he shouldn't cry and that he should stay calm. Sometimes I get angry when he cries unnecessarily”* is one example reported by one of these mothers as her reaction to her child who cries in case of failure. The same mother’s response in a mishap is *“My reaction can vary depending on where the incident occurred. For example, if it happens at someone else's house, I might say it's okay, accidents happen. If it's just us and I'm very tired or overwhelmed, sometimes I can react more harshly”*.

In summary, mothers mostly adopt a supportive and warm approach, without using shaming expressions. However, when directly questioned about their beliefs regarding the necessity of using shaming, some of the mothers who provide guiding, supportive, and warm behavioral examples admitted that they occasionally use expressions like "*this is not like you at all*" or "*you should be ashamed of yourself*". Yet, 38% of the mothers strongly believed that the use of shaming expressions was offensive and insulting. They contend that it instills a negative self-image in the child and, furthermore, has no positive effect on the child's behavior. A typical response is "*I have never used expressions such as 'you should be ashamed of yourself.' I do not believe that saying this has a positive impact on my daughter's emotions and behaviors*". Another example given by a 5-year-old boy's mothers is "*I never use these expressions. I find them demeaning and insulting. They make the child feel bad and undermine his self-esteem. I also do not believe that such expressions can change children's behaviors.*" Another mother who believes that shaming expressions are insulting and even aggressive state that "*I never use it; it would be demeaning and aggressive towards my daughter, and I never want to leave her alone with the emotions she might feel in the face of these words.*"

Alongside these mothers who expressed clear beliefs about the negative impact of using shaming expressions on children, nearly half of the participating mothers (46%), while agreeing with this view, also shared the opinion that they occasionally use these expressions and believe that there may be situations where their use is necessary. These mothers report using shaming expressions at least once in the past. Some of these mothers asserted that using these expressions is necessary when their children hit someone, or use swear words. Others state that they can

employ these expressions when their children persist in doing something despite being told not to.

Additionally, some mothers admit to using these expressions but acknowledge that they do not result in positive changes in the child's behavior. The mother of a 4-year-old boy state that *"I use shaming expressions occasionally, although not very often. For example, when he displays an unpleasant behavior like hitting a friend. However, it mostly makes him angrier."*

Another similar example is *"When he gets angry at me or his father and says bad words or behaves poorly, I use shaming expressions. I think it has no effect. He listens but doesn't care."* One mother, who believes that using expressions such as *"shame on you" can positively change children's behaviors in the future has stated, "When he exceeds the boundaries of respect and engages in behavior that intrudes upon the boundaries of others, I can use these expressions. Although I may not observe a significant impact in that moment, I see that his behavior becomes more controlled in the future."*

Among the 38 mothers interviewed in this study, only one expressed a strong belief in the necessity of using shaming expressions. This mother, who did not show any demographic differences from the other mothers, believes that expressions like *"you should be ashamed of yourself"* should be used to help the child distinguish right from wrong. This mother stated *"Honestly, I frequently use that kind of expressions. I believe it is important for him to distinguish right from wrong. When I say things like 'shame on you' or 'you should be ashamed of yourself' I find them to have a greater impact, and I believe that he comprehends the seriousness of the situation."*

#### 4.2.5 Mothers' autonomy supportive (AS) vs. intrusive parenting

To comprehend mothers' attitudes and viewpoints regarding autonomy-supportive and intrusive parenting approaches, questions such as *“When there are challenging tasks and situations for your child, what approach do you adopt? For example, what do you do when you see that s/he is having difficulty progressing with a puzzle? Or when you are running late to go somewhere together and you see that s/he is having difficulty putting on and tying his/her shoes, what do you do? How do you think your approach affects his/her emotions and behavior?”*

The analyses of mothers' responses to the new set of questions revealed two subcategories under the “Mothers views on Autonomy supportive (AS) vs. intrusive parenting” category. Mothers' responses within the first subcategory “beliefs about the positive effects of autonomy support” mainly evolves around the indicators “effects on child's self-esteem / feelings of inadequacy”, “effects on child's resilience”, and “effects on parent-child relationship (trust, openness).”

All mothers, without exception, expressed strong beliefs in the positive effects of autonomy supportive parenting approaches on their children and the negative effects of intrusive parenting approaches. Seven out of ten mothers express that autonomy support fosters a sense of self-efficacy and helps children develop a positive self-image. Intrusiveness, i.e. low levels of autonomy support, on the other hand, can undermine children's self-esteem and feelings of adequacy by conveying the message that their thoughts and feelings are not valued or respected. It can also lead to a sense of inadequacy as children may feel incapable or insecure due interference or criticism. The belief that allowing a child to handle and solve difficulties on his/her own, rather than immediately intervening as a mother when the child is struggling, will enhance the child's resilience and strengthen the belief in t

his/her ability to overcome future challenges, is a commonly encountered view expressed by mothers.

Mothers also believe that adopting an approach that supports autonomy instead of intrusiveness has a profoundly positive impact on the mother-child relationship. Seventy percent of mothers' state that an autonomy supportive approach enhances the mother-child relationship by fostering open communication and establishing trust and emotional connection. According to these mothers, when they adopt an autonomy supportive approach, their child feels understood, validated, and valued, which forms a foundation of trust in their relationship. This trust and emotional connection contribute to a healthier and more fulfilling mother-child bond. Examples of mothers' statements supporting these indicators are as follows:

- *"Supporting a child's autonomy firstly instills self-confidence in them. Secondly, being able to be both a mother and a friend fosters transparency without criticism. It ensures the presence of a trusting bond. There is adolescence in the future, and having transparency is crucial. They should be able to express their problems."*
- *"In my opinion, allowing them to complete their own tasks increases their self-confidence and belief in their abilities, and in the future, they also learn to manage stressful or challenging situations with more self-assurance and composure."*
- *"In my opinion, providing support through guidance without intervening in a child's actions enhances their self-confidence. This approach increases the child's resilience, fosters a sense of achievement, and encourages them to make an effort to solve their own problems. Their*

*self-confidence grows, and their ability to stand on their own feet strengthens."*

- *"When I allow him to try, do his best even in challenging situations, and provide a little external support when he struggles a lot, his self-esteem increases, and afterwards, he wants to do that task on his/her own from then on."*
- *"Supporting children's autonomy, in my opinion, enables them to develop unconditional trust in their parents. They understand that they can make mistakes, do things wrong, but their mother and father trust them. When my daughter trusts us, a sense of awareness is formed that as her parents, we are by her side. She realizes that she is loved unconditionally."*

These expressions clearly demonstrate mothers' strong beliefs in the positive contribution of autonomy-supportive parenting practices to both the child's socio-emotional development and the mother-child relationship. Whether these beliefs are reflected in mothers' behaviors is further explored during interviews, and it is observed that mothers' autonomy-supportive behaviors, as reported by them, revolve around three issues: (1) encourage and guide, (2) avoid creating time pressure, and (3) not taking over. All of the participant mothers, without exception, report examples of supportive guidance when their child experiences a difficulty. Their responses reveal that supportive guidance is a key component of autonomy supportive parenting, as it involves providing the necessary support, guidance, and structure for the child to navigate challenges. They state that they encourage their child, provide constructive feedback, acknowledge their emotions, and engaging in collaborative problem-solving. One example that emphasizes mothers' supportive guidance is *"When she struggles to tie her shoes, instead of doing it for her, I always*

*prioritize my daughter doing it herself. I showed her how to make bunny ears with the shoelaces and how to tie them, but she may still find it challenging. However, I always encourage her, provide guidance and remind her how to do it again. But it is crucial for her to learn that she can do it on her own without needing our help."*

Another indicator commonly expressed by mothers, seen in 60% of the responses, is the "not taking over" indicator. Mothers state by not immediately intervening or taking over when their child struggles with a task to develop their skills and resilience, fostering their autonomy in the long run. The mother of a 4-year-old boy states, "*When I see that he can't do something or is struggling, I never take it away and start doing it myself. Wouldn't he feel worse if I do it that way? If I support him in completing it, he eventually experiences a sense of accomplishment. If I do it for him, I would deprive him of that sense of accomplishment."*

Another example is "*If I see her struggling, I ask her how the puzzle is going and try to understand where she is facing the most difficulties, in which areas or aspects. Once I have a better understanding of the situation, I offer her advice or try to provide different perspectives. I never take the pieces from her and say, 'You placed it wrong, here is the right place.' My aim is to facilitate her ability to continue solving the puzzle on her own rather than solving it for her."*

Forty percent of mothers also report behaviors that aim to avoid creating time pressure and ensure that their child has enough time to attempt and complete the task at hand. Some of the behaviors conveyed by the mother that contribute to this indicator are waking up early in the morning so that the child has enough time to dress on his/her own, lace his/her shoes on his/her own, starting dinner a bit early so that the child can eat on his/her own.

- *"As soon as I believed she could dress herself, I began waking her up half an hour earlier to provide enough time for her to get ready before going to school. Initially, it took her longer to get dressed, but she realized her abilities and became self-sufficient."*
- *"When there are situations where he needs to eat quickly, I still let him do it on his own. I don't want to engage in power struggles or start feeding him. We sit down for dinner early so that we can create an environment where he can eat his meal by himself without me urging him or creating time pressure."*

## CHAPTER 5

### DISCUSSION

The overarching aim of the present study was to better understand the role of mothers' controlling parenting practices, parenting efficacy beliefs, child related contingent self-worth and level of anxiety on children's shame-proneness in early childhood. Object relations theories assume that social relationships are a basic need and conceptualize shame as an interpersonal emotion arising from disrupted relational bonds (Mills, 2005). Based on the vast literature that points to a strong link between parental control and child shame, it was predicted that high levels of observed shame in a contrived setting would positively correlate with maternal control (vs. autonomy support) and negative evaluations as these parenting behaviors are expected to trigger disruptions in the relational bonds between the child and the mother, thus leading to feelings of incompetence, low self-worth, and ultimately the manifestation of shame (Grolnick, 2002; Henderlong & Lepper, 2002; Ispa et al., 2004; Lewis et al., 1992; Mills, 2005; Mills et al., 2010; Kelley et al., 2000). Furthermore, mothers' cognitions on their parenting abilities was expected to relate positively and their construal's of self-worth contingent on their children, and their level of trait anxiety were expected to relate negatively to children's observed shame. Two problem-solving tasks adopted from Alessandri and Lewis (1993) were used to gather observational measures of children's shame. Mothers' controlling behaviors were observed in two other dyadic interaction tasks (Alessandri & Lewis, 1993; Erickson et al., 1985). In addition to the observational data, maternal reports were obtained on both child and mother related constructs.

The correlational results of the present study revealed that children's observed shame expressions and mothers' autonomy supportive behaviors in dyadic interactions were associated positively contrary to the hypotheses of the study. When maternal behaviors, cognitions and emotions were considered together, mothers' autonomy supportive behaviors again emerged as a predictor of children's increased shame expression during the puzzle tasks. This implied that higher levels of maternal autonomy support contributed to higher levels of shame expression in children. A converse relation was found between mothers' evaluations in the two observational dyadic tasks and children's shame expression in a failure situation (i.e., matching task). The more positive evaluations mothers provided to their children, the less shame expression was observed among preschoolers upon failure as expected. Furthermore, in support of the study hypothesis, mothers with lower levels of parenting efficacy belief were more likely to have children with high levels of observed shame. Finally, although mothers' general tendency to feel anxious was not related to children's observed shame, it was associated with maternal reports of children's shame proneness. The findings from the observational data obtained in Study 1 are interpreted below in light of the insights provided by mothers from the qualitative Study 2 based on focus group and individual interviews.

## 5.1 Findings based on the observations of mother-child dyadic interactions

### 5.1.1 Children's shame-proneness in relation to mother's autonomy support vs. intrusion and evaluative feedback

One of the main findings of this study was that children of mothers who exhibited more autonomy supportive behaviors and gave less positive feedback were more prone to manifest shame in a contrived laboratory setting. Past research suggested

that parental excessive, intrusive control would contribute to feelings of incompetence and low self-worth in children, which in turn, would reinforce the development of shame-proneness (Grolnick, 2002; Ispa et al., 2004; Lewis et al., 1992; Mills, 2003). Similar to the findings from the present study, Belsky et al. (1997) found an inverse relation between a composite negative parenting score, including intrusiveness, and observed child shame in 3-year-old children. In their post-hoc explanation of these counterintuitive findings, the authors suggested that mothers' tendency to impose their agenda and act on behalf of the child might prevent the child from making internal attributions, and thus taking the responsibility of failure. On the other hand, dos Santos et al. (2020) and Parisette-Sparks et al. (2017) found no relation between children's shame expressions and maternal behaviors, including conditional regard, power assertion, negative/positive evaluations and authoritarian, authoritative and permissive parenting dimensions. Meesters et al.'s study with non-clinical and clinical adolescents yielded mixed results. The positive parenting dimension of interest in the study was parental warmth, but not autonomy support. Both parental warmth and parental rejection significantly and positively predicted children's shame in a non-clinical sample of adolescents. In other words, adolescents whose mothers showed more warmth and more rejection were more likely to express shame. In the clinical sample of adolescents, a similar positive relation between maternal emotional warmth, but not with maternal rejection, and shame was found. Measures of warmth and rejection were based on participants' perceptions of their parents' behaviors. Meesters et al. suggested that mothers' emotional warmth and responsiveness may enable a positive environment for the child's emotional development which increases child's ability to experience adaptive levels of self-conscious emotions. This suggestion is also

plausible from the object-relational perspective in which parent-child relationship is seen as a dynamic and reciprocal interaction where both parties influence each other's experiences.

Taken together, the findings from the present study and some of previous research suggest that the emphasis on autonomy supportive behaviors from mothers indicates a parenting approach that respects and supports the child's agency. This kind of a mother-child interaction may foster a secure and trusting relationship between the mother and child, allowing the child to freely express his/her emotions. The object-relational framework also provides an alternative explanation for the observed positive relation between mothers' autonomy supportive behaviors and their children's shame expressions. Children of mothers who demonstrate high levels of autonomy supportive behaviors had experienced secure attachment that may also provide the child with a strong belief in the reparability of their relationship with their mother in the face of failure or mishap, therefore may amplify the feelings of shame.

It is also possible that the shame triggered in the laboratory environment was state rather than trait shame. State shame is characterized as a positive and transient emotion that has positive effects on children's moral socialization (Ferguson & Stegge, 1995; Goss, Gilbert, & Allan, 1994). According to Ferguson and Stegge (1995), socialization agents can influence the development of shame in children as either a trait or state through various means, such as the feedback they provide in situations that trigger the emotion and how they communicate their mismatched expectations about the child's behavior. Although mothers were not present when their children displayed shame within the context of this study, their parenting practices characterized by autonomy support and warmth may have had an impact on

children's affective styles and emotional experiences throughout the socialization process. The findings of the study might indicate how early socialization experiences influence children's tendency to feel shame. This idea is further supported by Moretti and Higgins' (1990) view on the development of emotional states and traits. They suggest that when evaluating their children's behavior, parents can focus on either the alignment or divergence between expectations and behavior. A child whose appropriate behavior is frequently emphasized is thought to feel happy and self-assured, while a child whose inappropriate behavior is constantly emphasized is led to experience negative emotions. A child who falls short of parental expectations lives in an environment where there aren't many positive results like praise. It is believed that this kind of environment encourages in children dejection-related emotions like shame. The persistence of shame-inducing results makes experiences of shame more likely to evolve as a trait. On the other hand, in an environment where the mother acknowledges the child's emotional state and demonstrates a supportive and warm approach, the child experiences shame as a transient state, which allows the child to learn and regulate future behavior. Therefore, children of autonomy supportive mothers may feel more secure in their interactions and may be more open to expressing their emotions following negative experiences, including experiencing state shame as part of their moral socialization practices (Brenning, Soenens, Van Petegem, & Vansteenkiste, 2015; Roth & Assor, 2017; Thompson & Goodvin, 2007).

The positive relation between autonomy supportive parenting and child's shame expression also makes sense in light of the interviews conducted with mothers about their socialization of children's emotions. Interviewed Turkish mothers in the follow-up qualitative part of the study have also reported that supporting their

children's autonomy acts to establish a trust-based relationship, which in turn contributes to a safe environment for children to express themselves. Below are examples of mothers' responses to the question about the effects of adopting an autonomy supportive parenting practice on the child and on their relationship

*“From time to time my son may starts to cry when he fails to finish a task, for example a puzzle. He used to do this all the time, regardless of who he is with. But now he no longer cries when he is with his father because he knows that his father will tell him not to cry and that there is nothing to cry about. I rather comfort him and try to guide him on how to proceed. When he is with me, even though his eyes become teary, he no longer cries, but expresses his frustration and asks form my help.”*

*“When I don't do things for my child and let her do it, and help her do it, I believe this boosts her confidence in herself and builds a trusting relationship between the two of us.”*

*“Unconditional trust... my child knows that he can make mistakes, everybody can make mistakes... I am young and my parents trust me and love me no matter what... that's what he believes in.”*

These answers corroborate the view that mothers' autonomy supportive approach, accompanied with a comforting and guiding parenting style allows their children to express emotions freely by building a secure, trusting mother-child relationship. These findings will be further elaborated in Section 5.2 in light of the contributions from participating mothers in Study 2 and recent literature on Turkish family structure and parenting approaches.

The link between autonomy supportive parenting and shame proneness can be also explained by the Self-Determination Theory (SDT), as it highlights the

significance of supporting individuals' autonomy and relatedness for optimal development (Deci & Ryan, 2002). The development of shame-proneness during the preschool years can also be understood in the context of the satisfaction or frustration of autonomy, competence, and relatedness needs. When considering the impact of autonomy-supportive parenting combined with warmth on a child's shame-proneness from the perspective of SDT, the most logical assumption would be a negative relationship between them. A mother who adopts these positive parenting behaviors would strive to create environments that support autonomy, competence, and relatedness for her child. This entails giving child the chance to decide for him/herself, take on age-appropriate challenges, experience success, make decisions, and take responsibility for his/her actions (Joussemet, Landry, & Koestner, 2008). This parenting style promotes a sense of self-determination and intrinsic motivation in the child. As a result, the child may develop a stronger sense of self-worth and self-esteem, and lower risk of shame-proneness (Moller, Friedman, & Deci, 2006). It is also possible that when mothers value and encourage an autonomous-related self in their children, they may have higher expectations regarding self-regulation and personal responsibility. As a result, children in these families may have a heightened sensitivity to their own perceived failures or inadequacies, leading to a higher likelihood of experiencing shame. Children who display higher levels of shame in this sample may be more attuned to their own performance and the gap between their current abilities and their expected outcomes. This heightened self-awareness and self-evaluation may drive their motivation to develop and refine their skills, aligning with the principles of SDT.

### 5.1.2 Relation of children's shame-proneness to mother's parenting self-efficacy beliefs, contingent self-worth and trait anxiety

A number of reviews and meta-analyses on parenting efficacy beliefs revealed that high levels of parenting efficacy beliefs are strongly associated with positive parenting practices (Albanese et al., 2019; Coleman & Karraker, 1998; Jones & Prinz, 2005). Studies that specifically investigated child characteristics in relation to parenting efficacy beliefs demonstrated that mothers of temperamentally difficult children were more likely to have lower levels of parenting efficacy beliefs (Coleman & Karraker, 2000; Cutrona & Troutman, 1986). More recent studies have also revealed that higher levels of maternal parenting efficacy beliefs were related to higher levels of children's self-regulation (Bates et al., 2020; Markazi & Badrigargari, 2011). Consistent with prior research and in alignment with the study's hypothesis, the present investigation also demonstrated an inverse correlation between parenting efficacy beliefs and children's observed shame expressions following an unsuccessful achievement task. To our knowledge, no prior study has demonstrated a direct association between this maternal cognition and child shame. These findings align with object-relational theories that underscore the significance of secure relational bonds and parental competence in shaping a child's emotional development. Accordingly, parents with higher self-efficacy beliefs are more likely to foster healthy emotional development and decrease the likelihood of shame-proneness. Conversely, a lack of confidence in parenting abilities may impede a parent's capacity to offer support and guidance to the child during moments of failure, thereby increasing the likelihood of shame-proneness.

The assertion that parents who do not really believe that they possess positive parenting skills are more likely to act in controlling manners did not find support in

this study as parenting self-efficacy measure did not correlate with any of the maternal control variables. Furthermore, when all maternal cognitions, emotions, and practices were taken as predictors of children's shame expression, lower levels of parenting self-efficacy were independent predictors of children's shame expression based on direct behavioral observations upon a failure experience besides autonomy supportive parenting.

Contrary to the hypotheses of the study, neither maternal contingent self-worth, nor trait anxiety was related to maternal control or observed child shame. The findings also contradict the object-relational view which suggests that parental anxiety can impact the relational bond with the child, potentially leading to disruptions in the child's emotional development and increased vulnerability to shame. Accordingly, anxious mothers may have a biased perception of their child's distress and may struggle to provide a supportive and scaffolding environment, which can contribute to higher levels of shame in the child (Ginsburg et al., 2005; Jones & Prinz, 2005; Spezzano, 1994). In most studies investigating parental contingent self-worth's association with child related constructs, this cognition was measured with Likert-type scales inquiring children's perceptions of parental contingent self-worth. In the current study, as participating children's age did not allow for the application of this method, mothers were asked to self-report their contingent self-worth. Both the susceptibility to social desirability bias, and the small number of items in the scale might have resulted in an inadequate measurement of this input variable. Despite previously demonstrated robust link between controlling parenting practices and anxiety, maternal autonomy support vs. control did not correlate with maternal reports of anxiety (Der Bruggen, Stams, & Bögel, 2008). However, the association of maternal anxiety and their self-reported perceptions of

child shame correlated significantly and positively. In other words, as expected, mothers with higher levels of anxiety were also more likely to have children who were prone to express distress in the form of shame upon failure. Conversely, while mother ratings of child shame showed no significant associations with other observational or self-report mother characteristics, it is conceivable that mothers with elevated anxiety levels may exhibit a predisposition to perceive their children as displaying increased distress in adverse situations. In line with this view, Wheatcroft and Creswell (2007) found that mothers' who have lower levels of perceived control due to higher levels of parental anxiety are also inclined to evaluate their children as more anxious. It is possible that children might inherit a predisposition from their mothers to experience anxiety when they experience challenging situations and they might be more likely to express shame in case of failure. Alternatively, it is also possible that more anxious mothers are less likely to provide a guiding and supportive scaffolding to their children when they experience failure (Bögels & Melick, 2004; Feldman et al., 1997; Ginsburg et al., 2005). This, in return, is likely to contribute to an experience and expression of higher levels of shame among children of anxious mothers.

## 5.2. Study 2: Evaluation of findings in the light of mothers' reports of child shame and parenting practices

The focus group and interviews conducted with mothers in Study 2 enable a deeper interpretation of the results from Study 1 which were contrary to the expected direction in terms of the relation between mothers' controlling behaviors and their children's observed shame. The qualitative part of the research aims to understand Turkish mothers' observations and interpretations of their children's emotional

expressions in two contexts, namely achievement and mishap contexts. Mothers are also asked about their own attitudes and reactions in response to their children's emotions in such situations, and also about their own shame related experiences while growing up.

The analysis of mothers' reports of their observations of children's shame experiences reveals that the main indicators revolve around the emotions mothers believe their children experience in situations of failure and mishap, as well as the observed behaviors on which they base their inferences. Indicators derived from mothers' responses indicate that children commonly experience shame in both contexts, i.e. when they perceive themselves as being unsuccessful in a specific task, and particularly when they believe they have committed a wrongdoing. Remarkably, even in instances where mothers do not explicitly identify their children's experienced emotion as "shame," the observed behaviors exhibited by the children are indicative of behaviors typically associated with shame. One example of a statement by a mother of a girl is as follows: "*When she can't do something she attempted, she becomes sad and angry. In my opinion, she feels inadequate and incompetent and doubts herself. She seems disappointed in herself*". Mothers' commonly label their children's emotions as anger, sadness, frustration, anxiety, stress, feelings of inadequacy, feelings of incompetence, and self-doubt. On the other hand, the observed behavioral manifestations which are withdrawal, hiding or leaving the room, avoiding eye contact, are widely accepted by scholars as the behaviors that characterize shame (Barrett et al., 1993; Keltner & Buswell, 1996; Keltner & Harker, 1998; Lewis et al., 1992). According to mothers, children who get angry when they fail, usually first show bursts of aggression such as throwing the toys, blaming others, even hitting, but then they also start to avoid eye contact and

want to get out of sight. Here is an example of a mother's statement: *"Recently, his cousin successfully built a tower with wooden blocks, and my son's tower fell down. He first destroyed the tower his cousin built and then quickly went to hide in his room. When I approached him to talk, he lowered his head and avoided eye contact with me."* These reports suggest that shame might be converted into anger, and mothers are likely to describe signs of shame as frustration, inadequacy or self-doubt, or they may not notice the underlining shame that triggers anger when their children fail in achievement contexts. This view is supported by Mills' (2004) suggestion that children are likely to substitute shame either with sadness or with anger as shame is more intense than these two basic emotions. Which one of these two replaces shame is highly dependent on several factors, including child's temperament, socialization experiences, and parenting practices. According to Mills, when a preschooler experiences shame, which is commonly linked to feelings of inadequacy or a sense of wrongdoing, it can trigger anger as a defensive reaction. The child may experience anger as a means to divert or shield himself/herself from the profound self-devaluation activated by shame. Certain children may exhibit a higher propensity to demonstrate anger in response to shame, whereas others may internalize shame and exhibit withdrawn or self-critical behaviors.

In addition to behaviors such as withdrawal, hiding, or leaving the room, as well as avoiding eye contact, other behaviors often witnessed by mothers, particularly when the child experiences failure, include crying, clinging, and displaying teary eyes. These behaviors are potentially linked to the experience of shame due to its involvement with negative self-evaluations, feelings of inadequacy, and the fear of disconnection or rejection. Upon failure, the child may interpret this performance as a reflection of his/her worth or competence. Behaviors such as

crying, clinging, or displaying teary eyes can be the manifestation of shame, as the child seeks comfort, reassurance, and validation from others (Murphy & Kiffin-Petersen, 2017). While crying is mostly observed in the context of failure, the behavior observed specifically in the context of a mishap is confession. According to mothers' statements, only a small number of children choose to confess their unwanted act in a mishap situation. Research in the domain of moral emotions indicates that certain preschoolers may possess a more pronounced internal understanding of right and wrong, prompting them to confess when involved in a mishap. They may feel guilty or experience discomfort due to their actions and choose to take responsibility for their behavior. On the other hand, some preschoolers may choose not to confess out of fear of the consequences or punishment that may follow. They may worry about facing negative repercussions or disappointing authority figures, leading them to withhold the truth (Farrant & Reese, 2000; Kochanska & Aksan, 2004). The presence of others can also impact children's decision to confess. If they fear negative judgment or rejection, they may choose to keep their mishap hidden to maintain social acceptance. This influence of the presence of others on children's behavior in the case of a mishap is also confirmed by some of the mothers' reports. One mother's statement clearly shows how children's emotional reactions are dependent on others' presence: *"We were in one of his friend's house, and he was playing with other kids in her friend's room. He came to me with a sad face and told me that he drew pictures on the wall, but no one has noticed yet. He asked me not to tell anything to anyone... told me he didn't want anybody else to know about this... asked me if we could go home and hid his head on my lap..."*. These statements are in line with the widely accepted premise that moral emotions are especially aroused in the presence of others (Baffuno & Camodeca,

2012; Smith, Webster, Parrott, & Eyre, 2002; Tangney & Tracy, 2012; Tangney, Stuewig, & Mashek, 2007). This public presence can be actual or in the child's imagination.

Baffuno and Camodeca (2012) further demonstrated that shame is elicited in both non-moral and moral mishap contexts when others are there. Accordingly, falling into a mud puddle and being caught when taking someone else's belongings equally trigger shame in the presence of others. Mothers' statements about their children experiencing shame both in situations like accidentally breaking things during social visits and intentionally engaging in undesirable behavior confirm this view.

While the observational results of Study 1 may initially seem to contradict expectations, their significance becomes more apparent when considering the mothers' responses to their children's emotional displays, their conceptualizations of shame, and their views on parenting that fosters children's autonomy. The recurring indicators in mothers' reports of their conceptualizations of shame suggest that mothers strongly feel that when their children experience shame, it typically has a negative effect on their sense of competence, self-esteem, and anxiety levels. Therefore, mothers report that they avoid behaviors that trigger shame in their children and adopt behaviors that support the regulation of this emotion when they observe it. While a significant portion of mothers express the negative effects of shame on children self-esteem, one-third of them still state that shame should be experienced as it is also an indication of child's ability to distinguish right from wrong. On the other hand, another nearly half argued that a certain level of shame is necessary for healthy moral and social development.

These perspectives presented by mothers, which appear to be at two different extremes, actually both find support in the literature. Numerous studies have identified a robust correlation between low self-esteem and shame-proneness, as both phenomena evoke feelings of deficiency and inadequacy (Wells, Glickauf-Hughes, & Jones, 1999). In fact, low self-esteem, introspective thinking, and shame have all been proven to play a substantial role in the emergence of depression (Johnson & O'Brien, 2013). Additionally, Gilbert and Procter (2006) contend that poor self-esteem makes a person more susceptible to depressive mood states like shame. These findings not only validate mothers' observations but also demonstrate the importance of their desire to avoid behaviors that trigger shame in their children. However, a considerable number of mothers' views that "feeling shame is an indicator of being able to distinguish right from wrong" also finds support in the literature. It is suggested that shame not only serves as an indicator of moral development but also has a positive function, particularly in collectivistic cultures, for maintaining one's position within society. According to Fessler (2004), shame displays serve a pivotal role in preserving group harmony within collectivistic cultures. When individuals experience shame, they are inclined to avoid actions that might disturb or offend others in their community. This expression of shame is perceived as a signal that individuals acknowledge their mistakes, take responsibility for their actions, and feel remorse, thereby helping to prevent conflicts and maintain social cohesion. Additionally, public shaming serves as a form of social control, discouraging others from engaging in similar behaviors. Overall, shame displays significantly contribute to fostering prosocial behavior and upholding social order in collectivistic cultures.

When asked about the examples of their own behaviors when their children fail to achieve or engage in an undesirable action, most mothers' examples are in line

with their previously expressed beliefs about avoiding behaviors that trigger feelings of shame and instead exhibit behaviors that support its regulation. However, when asked if they use shaming expressions, nearly half of them say that, from time to time, they use phrases like *"you should be ashamed of yourself"* or *"that's very shameful of you."* Once again, these two conflicting indicators, on one hand, reflect the belief in the negative impact of shame, and on the other hand, they find meaning in the cultural context, particularly when considering shame's role in preserving social harmony and relatedness.

When considering the behavior examples shared by mothers along with their perspectives on the positive impacts of autonomy-supportive parenting, it becomes evident that the prevailing parenting approach is one that fosters the child's autonomy with warmth and facilitates skill development through supportive guidance, particularly in areas where the child faces challenges or makes mistakes, especially in situations that could evoke feelings of shame in the child. The indicators that appear based on the questions asked to mothers about autonomy supportive parenting in the second stage of interviews also indicates the presence of such a parenting approach. Without exception, all of these mothers stated that they encourage their children with a positive attitude and guide them in a way that prevents negative experiences from burdening their self-image, allowing them to develop a sense of achievement. This profile of mothers, as revealed by the responses of participating mothers in Study 2, who prioritize autonomy supportive parenting and demonstrate both warmth and supportive guidance in the face of their children's difficulties, is consistent with the recent literature on the changing dynamics of the Turkish family structure in urban areas. Sunar (2002) states that warmth is a well-established characteristic of the mother-child relationship in middle class well educated. She also

points out that, overtime, these mothers' childrearing practices also evolved to involve avoiding both high levels of parent-child conflict, and the application of rigid restrictions alongside with forceful punishment. According to Sunar and Fişek (2005), over time, with urbanization, the approach of controlling and punishing children is replaced by the parenting practices such as comforting, rewarding and guiding children through reasoning. The most predominant indicators that emerge throughout the interviews point to a parenting practice characterized by adopting a warm approach alongside with encouragement and guidance, supports this viewpoint. One mother states, for example, *"I break down tasks that she must do every day into smaller parts, explain and demonstrate the necessary building blocks, and allow her to finish them. I motivate her through rewards, expressions of appreciation, and encourage her with phrases like "Come on, you're almost there. When she faces difficulty in accomplishing something, I suggest, 'It would have been even better if you had also done this.' For instance, she chooses her own clothes every morning. However, if the weather is cold, I explain to her how her comfort throughout the day can be influenced by her clothing choices. As a result, the following day, she asks me, 'How is the weather today?'"*

Kağıtçıbaşı (2002) also emphasizes that, in the changing Turkish family structure influenced by the improvements in socioeconomic conditions, the mother's motivation is to nurture and protect her child's autonomy while simultaneously fostering warmth and interconnectedness based on a desire for a less hierarchical mother-child relationship, without compromising emotional connectedness. Based on their "The Turkish Value of Children" study Kağıtçıbaşı and Ataca (2005) propose that as societies become more urbanized and economically developed, there is a shift in the values attributed to children from primarily economic values to psychological

values. This shift is also reflected in mothers' self-construals from an interdependent self to an autonomous-related self-concept, which is a combination of autonomy and relatedness (Kağıtçıbaşı, 1996). As mothers value independence and self-reliance as desired qualities in their children, they also prioritize maintaining close relations with their children. Corapci et al. (2018) provide evidence to this view with their findings demonstrating a positive relation between Turkish mothers' autonomous-related self-construals and sensitive parenting practices including warmth and autonomy support. These findings regarding the parenting approaches shaped in parallel with the changing family structure in Turkey align completely with the self-reports of the interviewed mothers, who report simultaneously embracing autonomy support while demonstrating warmth.

Contrary to the anticipated inverse relationship commonly observed in studies conducted in Western cultures (Grolnick, 2002; Ispa et al., 2004; Lewis et al., 1992; Mills, 2003), the findings of this study do not support a significant link between the mother's autonomy-supportive approach and the child's proneness to shame. Therefore, it is necessary to further explore how the child's experiences of shame relate positively to mothers' autonomy support, as revealed by this study, considering cultural perspectives that consider the functions of shame and the socialization goals of mothers with an autonomous-related self. First and foremost, it is crucial to take into account the variations in the self-concepts of the mothers who partook in this study and those from individualistic Western societies. According to Kağıtçıbaşı (2005), comprehending autonomy requires consideration of two dimensions: interpersonal distance (Separateness-Relatedness) and agency (Autonomy-Heteronomy) within individualistic Western societies. While the prevailing self-model in individualistic Western cultures is characterized by autonomy and

separateness, the self-concept of urban mid-high SES mothers in Turkey encompasses both autonomy and relatedness. On one hand, their motivation for practicing autonomy-supportive parenting stems from their desire to raise their children as autonomous individuals, and on the other hand, the warmth in their parenting ensures a sense of connection.

One of the striking differences between the self-models prevalent among mothers from Western cultures and urban mid-high SES Turkish mothers lies in the interpersonal distance dimension of the autonomous self-concept. The experiences and expressions of emotions, including shame among Turkish children who are raised by well-educated white-collar mothers, may vary as a result of their mothers' warm approach that accompanies autonomy support. Therefore, as also suggested by Meesters et al. (2017), mothers' emotional warmth and responsiveness may enable a trusting relationship and a positive environment for the child's emotional development which both increases child's ability to experience adaptive levels of self-conscious emotions and allows him/her to express shame comfortably. In addition to this argument, it is crucial to consider the well-documented existence of cross-cultural differences in the experiences and expressions of shame between individualistic and collectivistic cultures. These differences may arise from variations in self-construals, differences in the meaning attributed to shame, differences in the adaptive function of shame, or from the socialization practices adopted by parents (Camras & Fatani, 2004; Cole et al., 2002; Ed & Diener, 2005; Fung et al., 2003; Kitayama et al., 2006; Tracy & Robins, 2004; Wong & Tsai, 2007). According to Dost and Yağmurlu (2008), the prevailing Western conceptualization that portrays guilt as constructive and shame as destructive overlooks cross-cultural variations. They propose that in collectivistic cultures,

adaptive shame serves as a signal of concern for others, motivates individuals to pursue positive change, and thereby facilitates the resolution of experienced shame. This perspective is supported by studies demonstrating that shame can motivate individuals to care for others and may enhance empathy towards others (Kugler & Jones, 1992; Lindsay-Hartz, De Rivera, & Mascolo, 1995).

To sum up, the Study 1 findings, which initially appeared to contradict the expected relationship between the mother's parenting approach and the child's tendency to experience shame, gain meaning when examined in the light of the insights provided by focus group discussions and interviews with mothers in the second study of the research. Considering the observed parenting approach of mothers from mid-high SES group which is characterized by providing autonomy support while also maintaining a sense of connection through warmth, a supportive environment emerges that facilitates children's expressions of shame in failure and mishap contexts. The observational part of this research primarily examined the relationship between the mother's controlling approach and the child's shame expressions in a laboratory setting. The insights provided by Study 2 regarding the relationship between the mother's warmth and shame have guided the quantitative examination for the subsequent steps of the research.

### 5.3 Contributions and limitations

This study makes a noteworthy contribution by directing its focus towards a developmental period that has been relatively underexplored in previous research on the subject, especially within a Turkish sample. In contrast to both the prevailing hypotheses and established trends in Western literature, the results reveal that a mother's autonomy-supportive parenting approach is positively linked to heightened

levels of observed shame in preschool children. This finding prompts further inquiry into the trajectory of this particular maternal practice's association with child shame as the child progresses into their school years and adolescence.. Prior investigations within the context of Turkish culture have predominantly focused on samples comprising elementary school children, adolescents, and university students (Akbag & Imamoglu, 2010; Erden & Akbag, 2015; Okur & Corapci, 2016). Among the limited number of studies exploring the parental factors associated with child shame, Okur and Corapci (2016) revealed that maternal negative feedback following failures among elementary school-aged girls, along with greater positive reinforcement of boys' achievements, contributed to girls attributing their failures to their overall self-worth. This finding suggests a potential shift in the direction of this relationship. The investigation of the developmental trajectory if the association between maternal parenting approaches and the child's shame expressions presents an intriguing avenue for future research. One other contribution of this study is the demonstrated link between maternal parenting self-efficacy belief and their children's shame expressions.

However, the interpretations of the data in hand need to be generalized with precaution as majority of the participants were high SES, white collar working mothers. Another important limitation of this study is the relatively small sample size due to the termination of laboratory observations with the Covid pandemic. Further research is needed to strengthen the power of the analyses and to investigate the generalizability of these findings to low SES families.

## APPENDIX A: CONSENT FORM FOR LABORATORY OBSERVATIONS

(TURKISH)

Araştırmayı destekleyen kurum: Boğaziçi Üniversitesi, Psikoloji Bölümü

Araştırmacının adı: Çocuklarda utanç duyma eğiliminin kontrolcü ebeveynlik davranışları, anneye ve çocuğa ait özelliklerle ilişkisi

Araştırmacının adı: Doç. Dr. Feyza Çorapçı

Sibel Kançal

Adresi: Boğaziçi Üniversitesi, Psikoloji Bölümü, 34342 Bebek-İstanbul

Telefonu: .....

E-posta: .....

Sayın Veli:

Boğaziçi Üniversitesi Psikoloji Bölümü “Çocuklarda utanç duyma eğiliminin ebeveynlik davranışları, ve çocuğa ait özelliklerle ilişkisi” adı altında bilimsel bir araştırma projesi yürütmektedir. Bu çalışmanın amacı yuva çağındaki çocukların mizacı, aile içi iletişim ve çocukta gözlemlenen utanma duygusunun gelişimi arasındaki ilişkiyi incelemektir. Sizi bu araştırma projesine katılmaya davet ediyoruz. Kararınızdan önce araştırma hakkında sizi bilgilendirmek istiyoruz. Bu bilgileri okuduktan sonra araştırmaya katılmak isterseniz lütfen bu formun ikinci sayfasını imzalayınız.

Araştırma projesine katılmayı kabul ederseniz sizi ve çocuğunuzu Boğaziçi Üniversitesi Çocuk Gelişimi Laboratuvarına davet edeceğiz. Bu ziyaretiniz esnasında, size ve çocuğunuza bir oturma odası şeklinde döşenmiş olan ve çocukların ilgiyle oynadıkları oyuncaklar bulunan laboratuvarımızı tanıtacağız. Sizin ve çocuğunuzun birlikte katılacağı oyun niteliğinde yapboz, resim eşleştirme, basket atma gibi etkinliklerimiz olacak. Bunun yanı sıra, çocuğunuzun bireysel olarak katılacağı ve sosyo-duygusal becerilerinin değerlendirileceği etkinlikler de olacaktır. Bu etkinlikler ile 4 – 5 yaş grubundaki çocukların oyun esnasında ortaya çıkan utanma duygularının çocuğun mizaca dayalı özellikleri ve aile içi iletişimle ilişkisini anlamaya çalışıyoruz. Çocuğunuzun bireysel olarak katıldığı etkinlikler esnasında, sizden bir anket kitapçığı doldurmanız beklenmektedir. Bu kitapçıkta, kısa bir genel bilgi formu, çocuğunuzun sosyo-duygusal uyumunu ile aile içi iletişimi değerlendiren altı anket formu bulunmaktadır. Çocuğun bireysel olarak ve sizinle laboratuvarında katıldığı etkinliklerin yaklaşık 1 saat sürmesi beklenmektedir. Araştırma projesinin ikinci adımında laboratuvarında uygulanan oyun niteliğindeki çalışmanın bir benzeri çocuğunuza okulunda uygulanacaktır. Tüm etkinlikler video kamera ile kaydedilecektir. Ziyaretiniz süresince yapacağımız video kaydının bir DVD kopyasını size hediye olarak vereceğiz.

Bu araştırma bilimsel bir amaçla yapılmaktadır ve katılımcı bilgilerinin gizliliği esas tutulmaktadır. Video kayıtlarında çocukların ismi yerine bir numara kullanılacaktır. Video ve ses kayıtları araştırma sona erdiğinde silinecektir. Bu araştırmaya katılmak

tamamen isteğe bağlıdır. Katıldığınız takdirde çalışmanın herhangi bir aşamasında herhangi bir sebep göstermeden onayınızı çekmek hakkına da sahiptir. Araştırma projesi hakkında ek bilgi almak istediğiniz takdirde lütfen Boğaziçi Üniversitesi Psikoloji Bölümü ile temasa geçiniz.

Eğer bu araştırma projesine katılmayı kabul ediyorsanız:

- Lütfen 2. sayfayı imzalayınız.
- Araştırma projesinin içeriğini ve gerekli iletişim bilgilerini içeren Bilgilendirilmiş Olur Formunun 1. sayfasını alınız.

Ben, (velinin adı) ....., yukarıdaki metni okudum ve katılmam istenen çalışmanın kapsamını ve amacını, gönüllü olarak üzerime düşen sorumlulukları tamamen anladım. Çalışma hakkında soru sorma ve tartışma imkanı buldum. Bu çalışmayı istediğim zaman ve herhangi bir neden belirtmek zorunda kalmadan bırakabileceğimi ve bıraktığım takdirde herhangi bir ters tutum ile karşılaşmayacağımı anladım. Bu koşullarda söz konusu araştırmaya kendi rızamla, hiçbir baskı ve zorlama olmaksızın katılmayı kabul ediyorum.

Katılımcı Çocuğun Adı-Soyadı: .....

Veli veya Vasisinin

Adı Soyadı:.....

İmzası:.....

Adresi:.....

Telefonu: .....

İş Telefonu: .....

E-posta: .....

Tarih (gün/ay/yıl):...../...../.....

Araştırmacının Adı-Soyadı:.....

İmzası:.....

Tarih (gün/ay/yıl):...../...../.....

## APPENDIX B: CONSENT FORM FOR LABORATORY OBSERVATIONS

(ENGLISH)

Institution supporting the research: Boğaziçi University, Department of Psychology

Title of the study: The Relation of Children's Shame-proneness with Mothers' Cognitions, Anxiety and Control Project

Advisor/researcher: Prof. Dr. Feyza Çorapçı /Sibel Bilge

Adresi: Boğaziçi Üniversitesi, Psikoloji Bölümü, 34342 Bebek-İstanbul

Phone::

E-mail:

Dear Parent,

Sibel Fatma Bilge, Ph.D. student at Boğaziçi University Department of Psychology, conducts a research project titled The Relation of Children's Shame-proneness with Mothers' Cognitions, Anxiety and Control, under the supervision of her thesis advisor, Prof. Feyza Çorapçı The aim of this study is to examine the relationship between the temperament of kindergarten children, family communication and the development of the sense of shame observed in the child. We invite you to participate in one-on-one interviews conducted as part of this research project. We would like to inform you about the research before your decision. If you want to participate in the research after reading this information, please sign the second page of this form.

If you agree to participate in the one-on-one interview to be held within the scope of this research, the research coordinator will hold a structured interview that lasts approximately 1 hour and will consult your views on the research topic in this interview. The aim of the study is to collect information about the perceptions of the participating mothers about the sense of shame observed in children. Before the interview, participants will be asked to fill out a short demographic information form. The demographic form will include questions such as mothers' age, education, marital status and employment status.

This research is carried out for a scientific purpose and the confidentiality of participant information is kept as confidential. All information provided by the participants will be stored by number instead of name. The audio recordings to be taken during the interviews will be stored on the personal computer of the project coordinator with encrypted access. After the end of the research, all materials stored in both paper and digital media will be destroyed. Only the project coordinator will be authorized to access all the materials. Participant names or personal identification information will not be used in publications or presentations to be made after the study ends.

Participation in this research is completely optional. If you participate, you also have the right to withdraw your consent at any stage of the study without giving any reason. If you would like additional information about the research project, please contact Sibel Fatma Bilge, PhD student of Boğaziçi University Psychology Department (Phone: 533 764 1483, Address: Boğaziçi University, Department of Psychology, 34342 Bebek, Istanbul). You can also consult Boğaziçi University Social and Human Sciences Human Research Ethics Committee regarding your rights regarding research.

If you agree to participate in this research project, you can sign this form and send it back to us in a sealed envelope or send an e-mail to ..... that you agree to participate.

I, (name of participant) ....., have read the text above and fully understand the scope and purpose of the study I am asked to participate in, and my responsibilities as a volunteer. I had the opportunity to ask questions about the study. I understood that I could leave this work whenever I wanted and without having to give any reason, and that I would not face any negative consequences if I quit.

In these circumstances, I agree to participate in the research in question voluntarily, without any pressure or coercion.

I have / do not want to have a sample of the form (in which case the researcher keeps this copy).

Participant's Name-Surname: .....

Signature: .....

Date (day/month/year): ...../...../.....

Researcher's Name-Surname: .....

Signature: .....

Date (day/month/year): ...../...../.....

APPENDIX C: DEMOGRAPHICS FORM (TURKISH)

Genel Bilgi Formu

Çalışmaya Katılan Çocuk ile İlgili Sorular:

1. Çocuğun adı ve soyadı: \_\_\_\_\_

2. Anketi doldurduğunuz tarih: Gün \_\_\_\_ Ay \_\_\_\_ Yıl \_\_\_\_

3. Çocuğun doğum tarihi: Gün \_\_\_\_ Ay \_\_\_\_ Yıl \_\_\_\_

4. Çocuğun cinsiyeti (lütfen işaretleyiniz): Erkek \_\_\_\_ Kız \_\_\_\_

5 a. Çocuk Bakımının Cinsi ve Her Hafta Orada Geçirdiği Saat Sayısı: ( lütfen her seçeneği “evet” veya “hayır” şeklinde cevaplayınız ve “evet” diye yanıtladıklarınız için saat sayısını yazınız):

5 b. Çocuğunuz ne zaman anaokuluna/ kreşe başladı? Ay \_\_\_\_ Yıl \_\_\_\_

Çocuk Bakımının Cinsi		Yanıtınız Evetse: Her Hafta Orada Geçirdiği Saat Sayısı
Anaokulu – kreş	Evet / Hayır	
Akraba/ arkadaş/ bakıcı	Evet / Hayır	

6. Çocuğun kaç kardeşi var? Lütfen yaşlarını belirtiniz. \_\_\_\_\_

7. Çocuğun evde sürekli beraber yaşadığı tüm bireyleri lütfen sıralayınız:

İsim	Çocukla olan yakınlığı	Yaş

### Çocuğun Annesi ve Babası ile İlgili Sorular

1. Annenin doğum tarihi: Gün\_\_\_\_\_ Ay\_\_\_\_\_ Yıl\_\_\_\_\_

2. Annenin mesleği: \_\_\_\_\_(çalışmıyor ise, lütfen her zamanki mesleğini yazınız)

3. Anne şu anda çalışıyor mu? (uygun olan seçeneğin altındaki rakamı daire içine alınız)

Evet (Yarı-zamanlı, haftada 45 saatten az )	Evet (Tam zamanlı, haftada 45 saat)	Hayır
1	2	3

4. Annenin şu anki medeni hali (uygun olan seçeneğin altındaki rakamı daire içine alınız)

Evli	Bekar, Ayrılmış veya Boşanmış	Yeniden evlenmiş	Dul
1	2	3	4

5. Babasının doğum tarihi: Gün\_\_\_\_\_ Ay\_\_\_\_\_ Yıl\_\_\_\_\_

6. Babanın mesleği: \_\_\_\_\_(çalışmıyor ise, lütfen her zamanki mesleğini yazınız)

7. Baba şu anda çalışıyor mu? (uygun olan seçeneğin altındaki rakamı daire içine alınız)

Evet (Yarı-zamanlı, haftada 45 saatten az )	Evet (Tam zamanlı, haftada 45 saat)	Hayır
1	2	3

8. Babanın şu anki medeni hali (uygun olan seçeneğin altındaki rakamı daire içine alınız)

Evli	Bekar, Ayrılmış veya Boşanmış	Yeniden evlenmiş	Dul
1	2	3	4

9. Anne ve babanın eğitimi

(geldiği en yüksek düzey; lütfen hem anne hem de baba için işaretleyiniz.)

	Anne	Baba
İlkokuldan terk	1	1
İlkokul mezunu	2	2
Ortaokuldan terk	3	3
Ortaokul mezunu	4	4
Liseden terk	5	5
Lise mezunu	6	6
Yüksek okul mezunu (2 yıllık)	7	7
Üniversiteden terk	8	8
Üniversite mezunu (4 yıllık)	9	9
Uzmanlık derecesi var (Master, doktora gibi)	10	10

10. Hane halkının toplam geliri (lütfen birini işaretleyiniz)

Ayda 1000 TL'nin altında	1	
Ayda 1000 – 2500 TL	2	
Ayda 2500 – 5000 TL	3	
Ayda 5000 - 10000 TL	4	
Ayda 10000 – 15000 TL	5	
Ayda 15000 TL'nin üzerinde	6	

APPENDIX D: DEMOGRAPHICS FORM (ENGLISH)

General Information Form

1. Form fill out date: Day Month Year

2. Date of birth:

3. Occupation:

4. Are you currently working? (please circle the number under the choice that best suits you)

Yes (Part-time, less than 45 hours/week )	Ever (Full time, 45 hours/week)	No
1	2	3

5. Marital status (please circle the number under the choice that best suits you )

Married	Single, Divorced or Devoiced	Remarried	Widow/ Widower
1	2	3	4

6.Children data

Birth sequence	Date of birth	Gender	Going to a Nursery / Kindergarden?	Duration in a Nursery/ Kidergarden

7. Please list all the individuals in the household (please circle the number under the choice that suits you )

Relationship to the child	Age

6. Father's date of birth:

7. : Father's occupation

8. Is Father currently working? (please circle the number under the choice that best suits you )

Yes (Part-time, less than 45 hours/week )	Evet (Full time, 45 hours/week)	No
1	2	3

9. Father's current marital status? (please circle the number under the choice that best suits you )

Married	Single, Divided or Divorced	Remarried	Widower
1	2	3	4

10. Mother and Father's education level  
(the highest level; please select both for mother and father)

	Anne	Baba
Drop out of primary school	1	1
Primary school graduate	2	2
Drop out of secondary school	3	3
Secondary school graduate	4	4
Drop out of High school	5	5
High school graduate	6	6
2 year University Graduate (Yüksek okul mezunu (2 yıllık))	7	7
Drop out of University	8	8
University graduate (4 years)	9	9
Has a Specialist Degree (Masters, doctorate etc. )	10	10

11. Total income of the household (please select one)

Less than 1500 TL per month	1	
1500 – 2500 TL per month	2	
2500 – 5000 TL per month	3	
5000 - 10000 TL per month	4	
10000 – 15000 TL per month	5	
Above 15000 TL per month	6	

## APPENDIX E: CONSENT FORM FOR FOCUS GROUPS AND INTERVIEWS

(TURKISH)

Araştırmanın adı: Çocuklarda utanç duyma eğiliminin ebeveynlik davranışları, anneye ve çocuğa ait özelliklerle ilişkisi

Proje danışmanı / proje yürütücüsü: Prof. Feyza Çorapçı / Sibel Fatma Bilge

Adresi: Boğaziçi Üniversitesi, Psikoloji Bölümü, 34342 Bebek, İstanbul

E-mail adresi: .....

Telefonu: .....

Sayın veli,

Boğaziçi Üniversitesi Psikoloji Bölümü doktora öğrencisi Sibel Fatma Bilge, tez danışmanı öğretim üyesi Prof. Feyza Çorapçı gözetiminde” Çocuklarda utanç duyma eğiliminin ebeveynlik davranışları, anneye ve çocuğa ait özelliklerle ilişkisi” adı altında bilimsel bir araştırma projesi yürütmektedir. Bu çalışmanın amacı yuva çağındaki çocukların mizacı, aile içi iletişim ve çocukta gözlemlenen utanma duygusunun gelişimi arasındaki ilişkiyi incelemektir. Sizi bu araştırma projesi kapsamında yürütülen fokus grup çalışmalarına katılmaya davet ediyoruz. Kararınızdan önce araştırma hakkında sizi bilgilendirmek istiyoruz. Bu bilgileri okuduktan sonra araştırmaya katılmak isterseniz lütfen bu formun ikinci sayfasını imzalayınız.

Bu araştırma kapsamında yapılacak olan fokus grup çalışmasına katılmayı kabul ettiğiniz takdirde sizin gibi 3,5 – 5,5 yaş arası çocuk sahibi olan 5 veya 6 anneden oluşan bir grubun içinde yer alarak yapılandırılmış bir görüşmeye katılmanız beklenecektir. Görüşmeler fiziksel toplanma olmaksızın, çevrim içi ortamda Zoom veya Teams kullanımı ile gerçekleşecek ve yaklaşık 1 saat sürecektir. Görüşmeden en çok 1 gün önce erişim linki e-posta ile iletilecektir. Fokus grup çalışmalarının amacı katılımcı annelerin çocuklarda gözlemlenen utanç duygusu ile ilgili algıları hakkında bilgi toplamaktır. Görüşme süresince bir moderatör sorularla katılımı ve bilgi paylaşımını destekleyecektir. Fokus grup çalışmaları esnasında tüm katılımcıların da onayı ile ses kaydı alınacaktır. Ayrıca katılımcılardan görüşme öncesi kendilerine e-posta ile iletilecek kısa bir demografik bilgi formu doldurmaları istenecektir. Demografik form annelerin yaşı, eğitimi, medeni durumu ve çalışma durumu gibi sorular içerecektir.

Katılımcılar çocuklarda utanç duyma eğilimi ile ilişkili ebeveynlik davranışları ve bu eğilimin gelişimsel etkileri üzerine verilecek, araştırma bulgularının da paylaşılacağı çevrim içi seminere davet edileceklerdir.

Bu araştırma bilimsel bir amaçla yapılmaktadır ve katılımcı bilgilerinin gizliliği esas tutulmaktadır. Katılımcılar tarafından sağlanan tüm bilgiler isim yerine numara ile saklanacaktır. Görüşmeler süresince alınacak ses kayıtları proje yürütücüsüne ait şifreli erişim olan kişisel bilgisayarda saklanacaktır. Araştırma sona erdikten sonra hem kağıt hem de dijital ortamda saklanmış olan tüm materyaller imha

edilecektir. Materyallerin tümüne erişim yetkisi sadece proje yürütücüsünde olacaktır. Çalışma sona erdikten sonra yapılacak yayın veya sunumlarda katılımcı isimleri veya kişileri tanımlayıcı bilgiler kullanılmayacaktır.

Bu araştırmaya katılmak tamamen isteğe bağlıdır. Katıldığınız takdirde çalışmanın herhangi bir aşamasında herhangi bir sebep göstermeden onayınızı çekmek hakkına da sahipsiniz. Araştırma projesi hakkında ek bilgi almak istediğiniz takdirde lütfen Boğaziçi Üniversitesi Psikoloji Bölümü Doktora öğrencisi Sibel Fatma Bilge ile temasa geçiniz (Telefon: ....., Adres: Boğaziçi Üniversitesi, Psikoloji Bölümü, 34342 Bebek, İstanbul). Araştırmayla ilgili haklarınız konusunda Boğaziçi Üniversitesi Sosyal ve Beşeri Bilimler İnsan Araştırmaları Etik Kurulu'na da danışabilirsiniz.

Eğer bu araştırma projesine katılmasını kabul ediyorsanız, lütfen bu formu imzalayıp kapalı bir zarf içerisinde bize geri yollayın. Ben, (katılımcının adı) ....., yukarıdaki metni okudum ve katılmam istenen çalışmanın kapsamını ve amacını, gönüllü olarak üzerime düşen sorumlulukları tamamen anladım. Çalışma hakkında soru sorma imkanı buldum. Bu çalışmayı istediğim zaman ve herhangi bir neden belirtmek zorunda kalmadan bırakabileceğimi ve bıraktığım takdirde herhangi bir olumsuzluk ile karşılaşmayacağımı anladım.

Bu koşullarda söz konusu araştırmaya kendi isteğimle, hiçbir baskı ve zorlama olmaksızın katılmayı kabul ediyorum.

Formun bir örneğini aldım / almak istemiyorum (bu durumda araştırmacı bu kopyayı saklar).

Katılımcının Adı-Soyadı:.....

İmzası:.....

Tarih (gün/ay/yıl): ...../...../.....

Araştırmacının Adı-Soyadı:.....

İmzası:.....

Tarih (gün/ay/yıl): ...../...../.....

## APPENDIX F: CONSENT FORM FOR FOCUS GROUPS AND INTERVIEWS

(ENGLISH)

The research institution: Bogazici University

Title of the study: The Relation of Children's Shame-proneness with Mothers' Cognitions, Anxiety and Control

Project Advisor/researcher: Prof. Dr. Feyza Çorapçı /Sibel Bilge

Adresi: Boğaziçi Üniversitesi, Psikoloji Bölümü, 34342 Bebek-İstanbul

Phone::

E-mail:

Dear Parent,

Boğaziçi University Department of Psychology carries out a scientific research project titled "The relationship of shame tendency in children with parenting behaviors and characteristics of the child". The aim of this study is to examine the relationship between the temperament of kindergarten children, family communication and the development of the sense of shame observed in the child. We invite you to participate in this research project. We would like to inform you about the research before your decision. If you want to participate in the research after reading this information, please sign the second page of this form.

If you agree to participate in the one-on-one interview to be held within the scope of this research, the research coordinator will hold a structured interview that lasts approximately 1 hour and will consult your views on the research topic in this interview. The aim of the study is to collect information about the perceptions of the participating mothers about the sense of shame observed in children. Before the interview, participants will be asked to fill out a short demographic information form. The demographic form will include questions such as mothers' age, education, marital status and employment status.

This research is carried out for a scientific purpose and the participant information is kept as confidential. Video recordings will be saved with an identification number, without explicitly stating your child's name. Video and audio recordings will be deleted when the research ends. Participation in this research is completely optional. If you participate, you also have the right to withdraw at any stage of the study without giving any reason. If you would like additional information about the research project, please contact Boğaziçi University Psychology Department.

Participation in this research is completely optional. If you participate, you also have the right to withdraw your consent at any stage of the study without giving any reason. If you would like additional information about the research project, please contact Sibel Fatma Bilge, PhD student of Boğaziçi University Psychology Department (Phone:..... , Address: Boğaziçi University, Department of Psychology, 34342 Bebek, Istanbul). You can also consult Boğaziçi University Social and Human Sciences Human Research Ethics Committee regarding your rights regarding research.

If you agree to participate in this research project, you can sign this form and send it back to us in a sealed envelope or send an e-mail to ..... that you agree to participate.

I, (name of participant) ..... , have read the text above and fully understand the scope and purpose of the study I am asked to participate in, and my responsibilities as a volunteer. I had the opportunity to ask questions about the study. I understood that I could leave this work whenever I wanted and without having to give any reason, and that I would not face any negative consequences if I quit.

I agree to participate in the research in question voluntarily, without any pressure or coercion.

I have / do not want to have a sample of the form (in which case the researcher keeps this copy).

Participant's Name-Surname: .....

Signature: .....

Date (day/month/year): ...../...../.....

Researcher's Name-Surname: .....

Signature: .....

Date (day/month/year): ...../...../.....

## APPENDIX G: FOCUS GROUP AND INTERVIEW QUESTIONS – PHASE 1

(TURKISH)

Öncelikle zaman ayırdığınız ve araştırmamıza katkıda bulunmayı kabul ettiğiniz için çok teşekkür ederim. İsmim Sibel Bilge. Boğaziçi Üniversitesi Psikoloji Bölümünde doktora tez araştırmamı yürütüyorum. Sizleri de bu araştırmam kapsamında bir araya getirdim. Çalışmamın amacı yuva çağındaki çocukların başarılı veya başarısız olduklarında hissettiği duyguların çocuklar arasında nasıl farklılık gösterdiğini ve bu farklılıkların oluşumunu etkileyen faktörleri belirlemek. Bu amaçla sizlerle yaklaşık 1,5 saat kadar sürecek olan bir odak grup çalışması yapacağız. Bu süre zarfında sizlere bazı sorular yönelteceğim ve sizlerin birer birer söz alarak görüşlerinizi paylaşmanızı rica edeceğim. Bugünkü görüşmemiz süresince katılımınız benim için çok değerli. Bununla birlikte çalışmanın herhangi bir aşamasında devam etmek istemezseniz ayrılabilir veya herhangi bir soruyu yanıtlamak istemezseniz söz almayabilirsiniz . Tüm katılımcıların onayı varsa görüşmemizi kayıt altına alacağım. Görüşme süresince alınan kayıtlar ve sizlerden daha önce aldığım genel bilgi ve onam formuna sadece benim erişimim olacağını ve bunların güvenli bir ortamda saklanacağını taahhüt ediyorum. Araştırmam sonlandıktan sonra bu bilgilerin tamamını imha edeceğim. Araştırma sonuçlarını paylaşırken hiçbir katılımcının kayıt veya isimlerine yer vermeyeceğim. Bugünkü görüşmemizin moderatörü ben olacağım. Benimle birlikte araştırma asistanı arkadaşım görüşme süresince not alacak. Eğer sizler için de uygunsa kaydı başlatarak görüşmeyi açmak istiyorum.

İnsanoğlu mutluluk, sevinç gibi olumlu duyguları daha çok yaşayabileceği durumların içinde olmak ister. Üzüntü, kızgınlık, korku gibi olumsuz duyguları kendisine yaşatacak durumlardan da doğal olarak kaçınır. Anneler olarak bizler de çocuğumuz mutlu, sevinçli olsun, kendisiyle gurur duysun ve olumsuz duygulanımlarına neden olan şeyler yaşamamasın diye çaba gösteririz. Diğer yandan olumsuz duyguların da işlevsel seviyelerde deneyimlendiğinde kişilerin birey olarak ve toplum için var oluşlarını destekleyen duygular olduklarını görüyoruz. Örneğin korku, kaygı ölçülü bir şekilde deneyimlendiğinde kişiyi riskli durumlardan uzak tutar veya zor deneyimlere hazırlıklı olmasını sağlar. Sınav başarısıyla ilgili işlevsel seviyede kaygı duyan bir çocuk sınava gerektiği gibi hazırlanır. Sınavdaki başarısı

kendisiyle gurur duymasını sağlarken başarısız olduğunda kendini kötü hissedebilir. Utanma ve suçluluk gibi duygular çocuğun sosyalleşme sürecinde toplumsal normları öğrenmelerini ve hayata geçirmelerini destekler. Biz de bugün çocuklarımızın duygusal gelişimlerinde ve sosyal bir birey olarak var olmalarında önemli rol oynayan bu duygulardan bahsedeceğiz. Başarılı veya başarısız olduklarında neler hissettikleri ve nasıl davrandıkları ile ilgili anneler olarak paylaşacağınız gözlemler ve deneyimleriniz çalışmamıza ışık tutacak.

1. Çocuğunuz başarısız olduğunda veya kendini yetersiz hissetmesine neden olan bir durum yaşadığında hangi duyguyu/duyguları hisseder? Örneğin yaşatlarının kolaylıkla yapabildiği bir yapbozu yapmakta başarısız olursa veya bir sınavda beklenenin altında bir not alırsa ne hisseder? Üzüntü dışında ne hisseder?
2. Bu duyguları gözlemlediğiniz hangi davranışlarından anlarsanız?
3. Böyle durumlar sonrasında siz nasıl bir tepki gösterirsiniz?
4. En son böyle bir durum yaşandığında çocuğunuza neler demiştiniz? O nasıl yanıt verdi?
5. Bir kurala uymadığı veya istenmeyen bir davranış sergilediği bir durumda, örneğin kendisine ait olmayan, ödünç alınmış bir oyuncak istemeden kırdığında, arkadaşından ödünç aldığı bir şeyi kaybettiğinde hangi duyguyu/duyguları hisseder? Üzüntü dışında ne hisseder?
6. Çocuğunuzun bu duygusuyla başa çıkması için neler yaparsınız?
7. “Bu yaptığın çok ayıp”, “kendinden utanmalısın”, “bu sana hiç yakışmadı” ifadelerini hangi durumlarda kullanırsınız? Bu ifadelerin sizce çocuğun davranışı üzerinde nasıl bir etkisi var?
8. Sizce utanç duygusu nasıl bir duygu? Bir çocuğun utanç duyması neyin göstergesidir? Utanan bir çocuğun aklından neler geçer?
9. Çocuğunuzun utanç ya da suçluluk duyduğu durumlara örnek verebilir misiniz? Utanç ve suçluluk sizce iki ayrı duygu mu? Her birini ortaya çıkaran durumlar farklılaşır mı? Örnek verebilir misiniz?

10. Siz büyürken utanmaya dair ailenizden nasıl mesajlar aldınız? Sizce toplumda utanmak nasıl bir duygu olarak değerlendiriliyor?

11. Bu konuyla ilgili söylemek, paylaşmak istediğiniz başka görüşünüz, sorunuz var mı?

## APPENDIX H: FOCUS GROUP AND INTERVIEW QUESTIONS – PHASE 1

(ENGLISH)

First of all, thank you very much for taking the time and agreeing to contribute to our research.

My name is Sibel Bilge. I am conducting my doctoral thesis research at Boğaziçi University, Department of Psychology. I have brought you together within the scope of this research. The aim of my study is to determine how the feelings of kindergarten children when they are successful or unsuccessful differ between children and the factors that affect the formation of these differences. For this purpose, we will conduct a focus group study with you, which will last approximately 1.5 hours. During this time, I will ask you some questions and ask you to take the word one by one and share your views. Your participation during our meeting today is very valuable to me. However, if you do not wish to continue at any stage of the study, you may leave, or if you do not wish to answer any questions, you may not take the word. If all participants consent, I will record our conversation. I undertake that only I will have access to the records taken during the interview and additionally the general information and consent form I have received from you before will be stored in a secure environment. I will destroy all of this information once my research is complete. While sharing the research results, I will not include the records or names of any participants. I will be the moderator of our meeting today. Along with me, my research assistant colleague will take notes during the interview. If it's convenient for you, I want to start the recording and open the conversation.

Human beings want to be in situations where they can experience more positive emotions such as happiness and joy. We naturally avoid situations that will cause us to experience negative emotions such as sadness, anger, fear. As mothers, we also make an effort so that our child is happy, joyful, proud of her/himself, and does not experience things that cause negative emotions. On the other hand, when negative emotions are experienced at functional levels, we see that they support the existence of individuals and society. For example, fear and anxiety, when experienced in moderation, keeps the person away from risky situations or prepares them for difficult experiences. A child who has functional anxiety about exam success prepares properly for the exam. While her/ his success in the exam makes her/him proud of her/himself, S/he may feel bad when S/he fails. Feelings such as shame and guilt support the child's learning and implementation of social norms in the socialization process. Today, we will talk about these feelings that play an important role in the emotional development of our children and their existence as social individuals. Your observations and experiences that you will share as mothers about how they feel and behave when they are successful or unsuccessful will shed light on our work.

1. What emotion(s) does your child feel when he/she fails or experiences a situation that makes him/her feel inadequate? For example, how would S/he feel if S/he failed to do a puzzle that her/his peers could easily do, or if S/he got a low grade on an exam? What does S/he feel other than sadness?
2. What kind of the behaviors do you observe that lead you recognize these feelings?
3. How do you react after such situations?
4. What did you say to your child the last time you experienced such a situation? How did S/he respond?
5. What emotion(s) does he/she feel when he/she does not obey a rule or exhibits an undesirable behavior, such as accidentally breaking a borrowed toy that does not belong to her/him or losing something S/he borrowed from a friend? What does S/he feel other than sadness?
6. What do you do to help your child cope with this emotion?
7. In which situations do you use the expressions “This is so shameful”, “You should be ashamed of yourself”, “This does not suit you” What effect do you think these statements have on the child's behavior?
8. What do you think about the feeling of “shame”? What does it mean for a child to feel shame? What goes through the mind of a shy child?
9. Can you give examples of situations where your child feels shame or guilt? Do you think shame and guilt are two separate emotions? Do the situations that give rise to each differ? Can you give an example?
10. What kind of messages did you receive from your family about shame when you were growing up? In your opinion, what do you think the society thinks about the feeling of being ashamed?
11. Do you have any other opinions or questions that you would like to say or share about this subject?

## APPENDIX I: INTERVIEW QUESTIONS – PHASE 2 (TURKISH)

1. Anneler olarak tabii ki çocuklarımızın gelişimini desteklemek, bunun için onlara yol göstermek, zorlandıkları durumlarda yardım etmek, olabildiğince az güçlük ve stres yaşayacakları ortamlar sağlamak istiyoruz. Siz bunu nasıl yapıyorsunuz? Bu ortamı nasıl oluşturuyorsunuz? Çocuğunuz için zorlayıcı işler ve durumlar olduğunda nasıl bir yaklaşım benimsiyorsunuz?
2. Örneğin yapmakta olduğu yapbozda ilerlemekte güçlük çektiğini gördüğünüzde ne yaparsınız? Ya da birlikte gideceğiniz bir yere geç kalmışken evden çıkmaya çalışırken onun ayakkabılarını giymekte, bağlamakta güçlük çektiğini gördüğünüzde ne yaparsınız?
3. Sizce böyle durumlarda çocuğu elindeki işi kendi kendine tamamlamaya bırakmanın çocuk üzerinde nasıl bir etkisi olur? Çocuğun yapmakta olduğu şeyi kendiniz ele alıp onun yerine yapmanın nasıl bir etkisi olur? Çocuk durumu çözmeye çalışırken yapışına müdahale etmeden, yönlendirmelerle destek olmanın nasıl bir etkisi olur?
4. Böyle durumlarda çocuk ne hisseder? Bundan sonra benzer durumlar yaşadığında nasıl davranır? Sizden destek ister mi?
5. Çocuğun özerkliğini desteklemek sizce çocuğa ne katar? Çocuğun tercihlerini destekleyen, kararlarına saygı gösterilen bir ebeveynlik yaklaşımı nasıl bir fayda sağlar? Anne-çocuk ilişkisini nasıl etkiler?
6. Çocuğunuz az önce bahsettiğimiz gibi zorlayıcı durumlarda başarısız olduğunda veya kendini yetersiz hissetmesine neden olan bir durum yaşadığında hangi duyguyu/duyguları hisseder? Örneğin yaşatlarının kolaylıkla yapabildiği bir yapbozu yapmakta başarısız olursa veya kendine ait olmayan bir oyuncuğı bozarsa, kırarsa ne hisseder? Üzüntü dışında ne hisseder?
7. Utanç böyle durumlarda hissettiği bir duygu mudur? Bunu gözlemlediğiniz hangi davranışlarından anlarsınız?
8. Siz utanç duygusunu nasıl tanımlarsınız? Sizce çocuklar hangi durumlarda, ne olduğunda utanç duyarlar? Çocuğunuzun en son utanç duyduğu bir olayı/durumu anlatır mısınız?
9. Çocuğun utanç duyması sizce beraberinde neyi getirir? Çocuğun davranışları, duyguları, düşünceleri üzerinde nasıl bir etkisi olur?

10. Sizce utanç olması gereken bir duygu mu? Çocuğun utanç duymasının işe yaradığını düşünüyor musunuz?
11. Çocuğun utanç duymasının iyi veya kötü olduğu durumlar sizce nelerdir? Duyması gerektiğini düşündüğünüz durumlarda utanç duymadığını gözlemlerseniz ne yaparsınız? Ne dersiniz? Nasıl davranırsınız?
12. Utanç duymasının kötü olduğunu düşündüğünüz bir durumda utanç duyduğunu gözlemlerseniz ne yaparsınız? Ne dersiniz? Nasıl davranırsınız?

## APPENDIX J: INTERVIEW QUESTIONS – PHASE 2 (ENGLISH)

1. As mothers, surely, we want to support the development of our children, guide them, help them when they have difficulties, and provide environments where they will experience as little difficulty and stress as possible. How do you do this? How do you create this environment? How do you approach when there are challenging tasks and situations for your child?
2. What do you do when you see, for example, that he is having trouble when doing a puzzle? Or what do you do when you see that he is having trouble putting on and tying his shoes while trying to leave the house when he is late for a place you are going to go together?
3. In such situations, what effect do you think leaving the child to complete the task at hand will have on the child? What effect does it have to take over what the child is doing and do it instead of him/herself? What is the effect of supporting the child with directions without interfering with his/her behavior while he/she tries to solve the situation?
4. How does the child feel in such situations? How does S/heact when S/heexperiences similar situations from now on? Does S/hewant support from you?
5. What do you think supporting the child's autonomy contributes to the child? What is the benefit of a parenting approach that supports the child's choices and respects their decisions? How does it affect the mother-child relationship?
6. What emotion/emotions does your child feel when he/she fails in challenging situations or experiences a situation that makes him/her feel inadequate as we just mentioned? For example, how does S/hefeel if S/hefails to do a puzzle that his peers can easily do, or if he breaks or breaks a toy that does not belong to him? What does he feel other than sadness?
7. Does S/hefeel “shame” in such situations? From which behaviors do you observe this?
8. How would you describe the feeling of shame? In your opinion, in which situations or when do children feel ashamed? Can you tell us about the last embarrassing incident/situation that your child felt?
9. What do you think the embarrassment of the child brings with it? What effect does it have on the child's behavior, feelings, thoughts?
10. Do you think shame is an emotion that should exist? Do you think felling shame in a way is helpful for the child?
11. What are the situations where you think the child's embarrassment is good or bad? What would you do if you observed that S/hedid not feel shame in situations that you thought S/heshould have? What do you say? How do you behave?

12. What would you do if you observed embarrassment in a situation that you thought was not good to feel? What do you say? How do you behave?

## APPENDIX K: CHILDREN'S SHAME EXPRESSIONS CODING MANUAL

(ALESSANDRI & LEWIS, 1993)

- Body collapsed: omuzlar düşer  
üst bedeni öne kapanır  
başı aşağı düşer
- Corners of the mouth down turned and/or lip tucked between teeth:  
dudak kenarları aşağı kıvrılır  
alt veya üst dudağı dişlerinin arasına sıkıştırır  
veya bir dudağı diğerinin altına altına sıkıştırır
- Eyes lowered with gaze downward or askance (göz kaçırma)  
bakışlarını aşağı çevirir  
veya gözlerini kaçıır
- Withdrawal from task situation:  
çalışmaya devam etmek istemez (task süresinde olabilir)  
dikkatini başka bir yere yönlendirir, uzaklaşır  
konunun dışındaymış gibi davranır
- Negative self-statements:  
kendisiyle ilgili olumsuz ifadeler kurar  
“bu zaten benim için çok zor”  
“ben bu işte hiç iyi değilim ki...”  
“ben bunu zaten hiç yapamam ki..”

APPENDIX L: CHILDREN'S SHAME EXPRESSIONS CODING SHEET

ID: Starting time: Coder:  
 TASK: Ending time (30sec after starting time):

Behaviors to be observed	10 sec	10 sec	10 sec	observed number
body collapsed				
corners of the mouth down turned and/or lip tucked between teeth				
eyes lowered with gaze downward or askance (göz kaçırma)				
withdrawal from situation				
negative self-statements (e.g. "I'm no good at this")				
Total number of observed behaviors				
Time (sec)				
shame rate = total nbr of obs/time				

APPENDIX M: MYCHILD SHAME INVENTORY (TURKISH)

Çocuğum – Utanç Ölçeği: Anne gözlemleri (Kısa versiyon)

1. Başkalarının ondan hoşlanması için elinden geleni yapar.  
1 2 3 4 5 6 7 Uygun Değil  
Asla Bazen Her zaman
2. Gösterdiği kötü performansı yapması gereken görevin “aptalca” “çok zor” vb. olduğunu söyleyerek aklamaya çalışır.  
1 2 3 4 5 6 7 UD  
Asla Bazen Her zaman
3. Başarısız olduğu zaman eleştirildiğinde oldukça üzülür.  
1 2 3 4 5 6 7 UD  
Asla Bazen Her zaman
4. Yanlış bir şey yaptığı zaman sürekli “ben kötüyüm”, “berbatım” vb. şeyler söyler.  
1 2 3 4 5 6 7 UD  
Asla Bazen Her zaman
5. Başarısız olduğunda ya da ahlaken yanlış bir şey yaptığında gözlerinize bakamaz.  
1 2 3 4 5 6 7 UD  
Asla Bazen Her zaman
6. Kendisini gülünç ya da herkes ona bakıyormuş gibi hissetmesini sağlamak kolaydır.  
1 2 3 4 5 6 7 UD  
Asla Bazen Her zaman
7. Bir görevde başarısız olduğunda, değerli bir çocuk olduğuna dair çok miktarda güvenceye ihtiyaç duyar.  
1 2 3 4 5 6 7 UD  
Asla Bazen Her zaman
8. Yanlış bir şey yaptığında ya da başarısız olduğunda sessizleşir ya da konuşmakta zorlanır.

- |     |   |   |   |       |   |   |           |    |
|-----|---|---|---|-------|---|---|-----------|----|
|     | 1   | 2 | 3 | 4     | 5 | 6 | 7         | UD |
|     | Asla  |   |   | Bazen |   |   | Her zaman |    |
| 9.  | Yanlış bir şey yaptığı zaman ne kadar aptal görüldüğü hakkında konuşmaya devam eder.      |   |   |       |   |   |           |    |
|     | 1   | 2 | 3 | 4     | 5 | 6 | 7         | UD |
|     | Asla  |   |   | Bazen |   |   | Her zaman |    |
| 10. | Takdire şayan performans onun için önemli değildir.                                       |   |   |       |   |   |           |    |
|     | 1   | 2 | 3 | 4     | 5 | 6 | 7         | UD |
|     | Asla  |   |   | Bazen |   |   | Her zaman |    |
| 11. | Başkalarının ona “yaramaz” olduğunu söylemesine kızar.                                    |   |   |       |   |   |           |    |
|     | 1   | 2 | 3 | 4     | 5 | 6 | 7         | UD |
|     | Asla  |   |   | Bazen |   |   | Her zaman |    |
| 12. | Yaramazlık yaptığında ya da başarısız olduğunda insanlardan uzak durur.                   |   |   |       |   |   |           |    |
|     | 1   | 2 | 3 | 4     | 5 | 6 | 7         | UD |
|     | Asla  |   |   | Bazen |   |   | Her zaman |    |
| 13. | Yaramazlık yaptığı zaman başkaları onun çok kötü olduğunu düşünecek diye çok endişelenir. |   |   |       |   |   |           |    |
|     | 1   | 2 | 3 | 4     | 5 | 6 | 7         | UD |
|     | Asla  |   |   | Bazen |   |   | Her zaman |    |
| 14. | Başarısız olduğu zaman boyunu büker.  |   |   |       |   |   |           |    |
|     | 1   | 2 | 3 | 4     | 5 | 6 | 7         | UD |
|     | Asla  |   |   | Bazen |   |   | Her zaman |    |
| 15. | Yanlış bir şey yaptığı ya da başarısız olduğu zaman bu konudan bahsetmekten kaçınır.      |   |   |       |   |   |           |    |
|     | 1   | 2 | 3 | 4     | 5 | 6 | 7         | UD |
|     | Asla  |   |   | Bazen |   |   | Her zaman |    |
| 16. | Bir görevden başarısız olduysa ebeveyninin önünde özellikle “akıllı” davranmaya çalışır.  |   |   |       |   |   |           |    |
|     | 1   | 2 | 3 | 4     | 5 | 6 | 7         | UD |
|     | Asla  |   |   | Bazen |   |   | Her zaman |    |
| 17. | Ebeveynlerinin beklentilerini karşılayamadıysa göz teması kurmaktan kaçınır.              |   |   |       |   |   |           |    |
|     | 1   | 2 | 3 | 4     | 5 | 6 | 7         | UD |

- |     | Asla  |   |   | Bazen |   |   | Her zaman |    |
|-----|---|---|---|-------|---|---|-----------|----|
| 18. | Kalkıştığı her işte her zaman başarılı olmak zorunda hissediyor gibi görünür.   |   |   |       |   |   |           |    |
|     | 1   | 2 | 3 | 4     | 5 | 6 | 7         | UD |
|     | Asla  |   |   | Bazen |   |   | Her zaman |    |
| 19. | Onaylanmadığını hemen hisseder.   |   |   |       |   |   |           |    |
|     | 1   | 2 | 3 | 4     | 5 | 6 | 7         | UD |
|     | Asla  |   |   | Bazen |   |   | Her zaman |    |
| 20. | Başarısız olduktan ya da yanlış bir şekilde davrandıktan sonra sürekli kendini aşağılar.                              |   |   |       |   |   |           |    |
|     | 1   | 2 | 3 | 4     | 5 | 6 | 7         | UD |
|     | Asla  |   |   | Bazen |   |   | Her zaman |    |
| 21. | Yanlış davrandığı zaman ebeveynlerinin onun kötü bir çocuk olduğunu düşünmediklerine dair güvence ister gibi görünür. |   |   |       |   |   |           |    |
|     | 1   | 2 | 3 | 4     | 5 | 6 | 7         | UD |
|     | Asla  |   |   | Bazen |   |   | Her zaman |    |
| 22. | Sürekli ne kadar kötü biri olduğundan bahseder.   |   |   |       |   |   |           |    |
|     | 1   | 2 | 3 | 4     | 5 | 6 | 7         | UD |
|     | Asla  |   |   | Bazen |   |   | Her zaman |    |
| 23. | Başarısız olduğunda ya da uygunsuz davrandığında utanmış gibi güler ya da kıkırdar.                                   |   |   |       |   |   |           |    |
|     | 1   | 2 | 3 | 4     | 5 | 6 | 7         | UD |
|     | Asla  |   |   | Bazen |   |   | Her zaman |    |
| 24. | Başkaları davranışını onaylamadığında kızar.  |   |   |       |   |   |           |    |
|     | 1   | 2 | 3 | 4     | 5 | 6 | 7         | UD |
|     | Asla  |   |   | Bazen |   |   | Her zaman |    |
| 25. | Yanlış bir şey yaptıktan sonra “ortadan kaybolmak” istiyormuş gibi görünür.   |   |   |       |   |   |           |    |
|     | 1   | 2 | 3 | 4     | 5 | 6 | 7         | UD |
|     | Asla  |   |   | Bazen |   |   | Her zaman |    |
| 26. | Kendi yanlış davranışı için başkalarını ya da durumu suçlar.  |   |   |       |   |   |           |    |
|     | 1   | 2 | 3 | 4     | 5 | 6 | 7         | UD |
|     | Asla  |   |   | Bazen |   |   | Her zaman |    |

27. Bir hata yaptığı zaman defalarca “çok aptal” ya da “salak” olduğunu söyler.
- |      |   |   |       |   |   |           |    |
|------|---|---|-------|---|---|-----------|----|
| 1    | 2 | 3 | 4     | 5 | 6 | 7         | UD |
| Asla |   |   | Bazen |   |   | Her zaman |    |
28. Kendi kötü performansı için başkalarını ya da durumu suçlar.
- |      |   |   |       |   |   |           |    |
|------|---|---|-------|---|---|-----------|----|
| 1    | 2 | 3 | 4     | 5 | 6 | 7         | UD |
| Asla |   |   | Bazen |   |   | Her zaman |    |
29. Mahcup ya da utanmış görünür.
- |      |   |   |       |   |   |           |    |
|------|---|---|-------|---|---|-----------|----|
| 1    | 2 | 3 | 4     | 5 | 6 | 7         | UD |
| Asla |   |   | Bazen |   |   | Her zaman |    |
30. Hedeflerine ulaşamama fikrine dayanamaz.
- |      |   |   |       |   |   |           |    |
|------|---|---|-------|---|---|-----------|----|
| 1    | 2 | 3 | 4     | 5 | 6 | 7         | UD |
| Asla |   |   | Bazen |   |   | Her zaman |    |
31. Başarısız olduktan ya da yaramazlık yaptıktan sonra dikkatleri olaydan başka bir yere çekmeye çalışır.
- |      |   |   |       |   |   |           |    |
|------|---|---|-------|---|---|-----------|----|
| 1    | 2 | 3 | 4     | 5 | 6 | 7         | UD |
| Asla |   |   | Bazen |   |   | Her zaman |    |
32. Başarısız olduğu zaman ebeveynlerine tekrar tekrar onu hala sevip sevmediklerini sorar.
- |      |   |   |       |   |   |           |    |
|------|---|---|-------|---|---|-----------|----|
| 1    | 2 | 3 | 4     | 5 | 6 | 7         | UD |
| Asla |   |   | Bazen |   |   | Her zaman |    |
33. Yanlış bir şey yaptığında ya da başarısız olduğunda yenilmiş ve umutsuzluğa düşmüş gibi davranır.
- |      |   |   |       |   |   |           |    |
|------|---|---|-------|---|---|-----------|----|
| 1    | 2 | 3 | 4     | 5 | 6 | 7         | UD |
| Asla |   |   | Bazen |   |   | Her zaman |    |
34. Eğer bir kez bile başarısız olduysa o işi bir daha denemekten kaçınır.
- |      |   |   |       |   |   |           |    |
|------|---|---|-------|---|---|-----------|----|
| 1    | 2 | 3 | 4     | 5 | 6 | 7         | UD |
| Asla |   |   | Bazen |   |   | Her zaman |    |
35. Yaramazlık yaptıktan sonra mahcup olur ve mutsuz görünür(başımı eğer).
- |      |   |   |       |   |   |           |    |
|------|---|---|-------|---|---|-----------|----|
| 1    | 2 | 3 | 4     | 5 | 6 | 7         | UD |
| Asla |   |   | Bazen |   |   | Her zaman |    |
36. Mükemmeliyetçi bir tavrı vardır.

- |     |   |   |   |       |   |   |           |    |
|-----|---|---|---|-------|---|---|-----------|----|
|     | 1   | 2 | 3 | 4     | 5 | 6 | 7         | UD |
|     | Asla  |   |   | Bazen |   |   | Her zaman |    |
| 37. | Eleştirildiği zaman içine kapanır.  |   |   |       |   |   |           |    |
|     | 1   | 2 | 3 | 4     | 5 | 6 | 7         | UD |
|     | Asla  |   |   | Bazen |   |   | Her zaman |    |
| 38. | Beklentileri karşılayamadığı zaman ortadan kaybolmaya çalışır ve iletişimden kaçınır.                     |   |   |       |   |   |           |    |
|     | 1   | 2 | 3 | 4     | 5 | 6 | 7         | UD |
|     | Asla  |   |   | Bazen |   |   | Her zaman |    |
| 39. | Yetersiz kaldığı zaman ebeveynlerinin hala onun iyi bir çocuk olduğunu düşündüklerine dair güvence ister. |   |   |       |   |   |           |    |
|     | 1   | 2 | 3 | 4     | 5 | 6 | 7         | UD |
|     | Asla  |   |   | Bazen |   |   | Her zaman |    |
| 40. | Beklentileri karşılayamayıp yetersiz olduğu zaman bahaneler bulur.  |   |   |       |   |   |           |    |
|     | 1   | 2 | 3 | 4     | 5 | 6 | 7         | UD |
|     | Asla  |   |   | Bazen |   |   | Her zaman |    |
| 41. | Nasıl bir insan olması ve olmaması gerektiği hakkında kesin fikirleri vardır.                             |   |   |       |   |   |           |    |
|     | 1   | 2 | 3 | 4     | 5 | 6 | 7         | UD |
|     | Asla  |   |   | Bazen |   |   | Her zaman |    |
| 42. | Başkalarının onun hakkında ne düşündüğü konusunda endişelenir.  |   |   |       |   |   |           |    |
|     | 1   | 2 | 3 | 4     | 5 | 6 | 7         | UD |
|     | Asla  |   |   | Bazen |   |   | Her zaman |    |
| 43. | Hep daha çok çabalayarak eskisinden daha iyi olmaya çalışır.  |   |   |       |   |   |           |    |
|     | 1   | 2 | 3 | 4     | 5 | 6 | 7         | UD |
|     | Asla  |   |   | Bazen |   |   | Her zaman |    |
| 44. | Başkaları başarısızlığını ya da yaramazlığını fark eder ya da bu konuda yorum yaparlarsa kızar.           |   |   |       |   |   |           |    |
|     | 1   | 2 | 3 | 4     | 5 | 6 | 7         | UD |
|     | Asla  |   |   | Bazen |   |   | Her zaman |    |
| 45. | Yetersiz olduğu zaman kendini bir hiç gibi hissediyor görüntüsüne bürünür.                                |   |   |       |   |   |           |    |
|     | 1   | 2 | 3 | 4     | 5 | 6 | 7         | UD |
|     | Asla  |   |   | Bazen |   |   | Her zaman |    |

46. Bahaneler kullanarak başarısızlığının ya da kötü davranışının üstünü örtme eğilimindedir.

1 2 3 4 5 6 7 UD  
Asla Bazen Her zaman

47. Performansı için standartlar belirler ve bunları karşılamak ZORUNDA olduğunu hisseder.

1 2 3 4 5 6 7 UD  
Asla Bazen Her zaman

48. Bir konuda başarısız olduğunu gören insanların etrafında olmaktan kaçınır.

1 2 3 4 5 6 7 UD  
Asla Bazen Her zaman

49. Kendi yaşında biri için o hedef çok zor bile olsa, belirlediği bir hedefe ulaşamadığı zaman çok mutsuz görünür (başını eğer).

1 2 3 4 5 6 7 UD  
Asla Bazen Her zaman

50. Yanlış bir davranış ya da başarısızlıktan sonra başını eğer ve göz göze gelmekten kaçınır.

1 2 3 4 5 6 7 UD  
Asla Bazen Her zaman

51. Başarısız olduğunda ya da yanlış bir şey yaparken yakalandığında kızarır. (Ölçek 1)

1 2 3 4 5 6 7 UD  
Asla Bazen Her zaman

52. Yanlış bir şey yaptığında ya da yetersiz kaldığında yüzünü ya da gözlerini saklar.

1 2 3 4 5 6 7 UD  
Asla Bazen Her zaman

## APPENDIX N: MYCHILD SHAME INVENTORY (ENGLISH)

### My Child – Shame Scale: Mother's observations (Short version)

1. S/he does his best to make others like her/him.  

1	2	3	4	5	6	7	Not applicable
Never			Sometimes			Always	
  
2. S/he tries to justify her/his poor performance by saying that the task was "stupid" or "too difficult" etc.  

1	2	3	4	5	6	7	Not applicable
Never			Sometimes			Always	
  
3. When s/he fails, he gets very upset if S/he is criticized.  

1	2	3	4	5	6	7	Not applicable
Never			Sometimes			Always	
  
4. When s/he does something wrong, S/he constantly says "I'm bad", "I'm screwed", etc.  

1	2	3	4	5	6	7	Not applicable
Never			Sometimes			Always	
  
5. S/he can't look you in the eye when S/he fails or does something wrong.  

1	2	3	4	5	6	7	Not applicable
Never			Sometimes			Always	
  
6. It's easy to make her/him feel ridiculous or like everyone is staring at her/him.  

1	2	3	4	5	6	7	Not applicable
Never			Sometimes			Always	
  
7. When s/he fails at a task, S/he needs a lot of reassurance that he is a worthy child.  

1	2	3	4	5	6	7	Not applicable
Never			Sometimes			Always	
  
8. When s/he does something wrong or fails, S/he becomes quiet or hardly speaks  

1	2	3	4	5	6	7	Not applicable
Never			Sometimes			Always	

9. When s/he does something wrong, S/he keeps talking about how stupid S/he looks.
- |       |   |   |           |   |   |        |                |
|-------|---|---|-----------|---|---|--------|----------------|
| 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
| Never |   |   | Sometimes |   |   | Always |                |
10. Admirable performance is not important to her/him.
- |       |   |   |           |   |   |        |                |
|-------|---|---|-----------|---|---|--------|----------------|
| 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
| Never |   |   | Sometimes |   |   | Always |                |
11. S/he gets angry when others call her/him "naughty".
- |       |   |   |           |   |   |        |                |
|-------|---|---|-----------|---|---|--------|----------------|
| 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
| Never |   |   | Sometimes |   |   | Always |                |
12. S/he stays away from people when S/he misbehaves or fails.
- |       |   |   |           |   |   |        |                |
|-------|---|---|-----------|---|---|--------|----------------|
| 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
| Never |   |   | Sometimes |   |   | Always |                |
13. When s/he misbehaves, s/he worries a lot that others will think s/he is very bad.
- |       |   |   |           |   |   |        |                |
|-------|---|---|-----------|---|---|--------|----------------|
| 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
| Never |   |   | Sometimes |   |   | Always |                |
14. S/he bows her/his head when S/he fails.
- |       |   |   |           |   |   |        |                |
|-------|---|---|-----------|---|---|--------|----------------|
| 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
| Never |   |   | Sometimes |   |   | Always |                |
15. When s/he does something wrong or fails, s/he avoids talking about it
- |       |   |   |           |   |   |        |                |
|-------|---|---|-----------|---|---|--------|----------------|
| 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
| Never |   |   | Sometimes |   |   | Always |                |
16. If s/he has failed on a task, S/he tries to be particularly "smart" in front of her/his parents.
- |       |   |   |           |   |   |        |                |
|-------|---|---|-----------|---|---|--------|----------------|
| 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
| Never |   |   | Sometimes |   |   | Always |                |
17. Avoids making eye contact if s/he did not meet his parents' expectations.
- |       |   |   |           |   |   |        |                |
|-------|---|---|-----------|---|---|--------|----------------|
| 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
| Never |   |   | Sometimes |   |   | Always |                |

18. S/he always seems to feel compelled to succeed in whatever s/he undertakes.
- |       |   |   |           |   |   |        |                |
|-------|---|---|-----------|---|---|--------|----------------|
| 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
| Never |   |   | Sometimes |   |   | Always |                |
19. S/he immediately recognizes disapproval.
- |       |   |   |           |   |   |        |                |
|-------|---|---|-----------|---|---|--------|----------------|
| 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
| Never |   |   | Sometimes |   |   | Always |                |
20. S/he constantly humiliates her/himself after failing or behaving in the wrong way.
- |       |   |   |           |   |   |        |                |
|-------|---|---|-----------|---|---|--------|----------------|
| 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
| Never |   |   | Sometimes |   |   | Always |                |
21. When s/he misbehaves, s/he seems to search for reassurance that her/his parents don't think s/he's a bad girl/boy.
- |       |   |   |           |   |   |        |                |
|-------|---|---|-----------|---|---|--------|----------------|
| 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
| Never |   |   | Sometimes |   |   | Always |                |
22. S/he always talks about how bad s/he is.
- |       |   |   |           |   |   |        |                |
|-------|---|---|-----------|---|---|--------|----------------|
| 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
| Never |   |   | Sometimes |   |   | Always |                |
23. When s/he fails or acts inappropriately, s/he laughs or chuckles as if embarrassed.
- |       |   |   |           |   |   |        |                |
|-------|---|---|-----------|---|---|--------|----------------|
| 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
| Never |   |   | Sometimes |   |   | Always |                |
24. S/he gets angry when others disapprove of her/his behaviors.
- |       |   |   |           |   |   |        |                |
|-------|---|---|-----------|---|---|--------|----------------|
| 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
| Never |   |   | Sometimes |   |   | Always |                |
25. After doing something wrong, S/he appears like s/he wants to disappear.
- |       |   |   |           |   |   |        |                |
|-------|---|---|-----------|---|---|--------|----------------|
| 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
| Never |   |   | Sometimes |   |   | Always |                |
26. Blames others or the situation for their own misbehavior.
- |       |   |   |           |   |   |        |                |
|-------|---|---|-----------|---|---|--------|----------------|
| 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
| Never |   |   | Sometimes |   |   | Always |                |

27. S/he repeatedly says “stupid” or “idiot” when s/he makes a mistake.
- |       |   |   |           |   |   |        |                |
|-------|---|---|-----------|---|---|--------|----------------|
| 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
| Never |   |   | Sometimes |   |   | Always |                |
28. Blames others or the situation for their own poor performance.
- |       |   |   |           |   |   |        |                |
|-------|---|---|-----------|---|---|--------|----------------|
| 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
| Never |   |   | Sometimes |   |   | Always |                |
29. Looks as if embarrassed or ashamed.
- |       |   |   |           |   |   |        |                |
|-------|---|---|-----------|---|---|--------|----------------|
| 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
| Never |   |   | Sometimes |   |   | Always |                |
30. Can't stand the idea of not reaching her/his goals.
- |       |   |   |           |   |   |        |                |
|-------|---|---|-----------|---|---|--------|----------------|
| 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
| Never |   |   | Sometimes |   |   | Always |                |
31. Tries to divert attention from the event after failing or misbehaving.
- |       |   |   |           |   |   |        |                |
|-------|---|---|-----------|---|---|--------|----------------|
| 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
| Never |   |   | Sometimes |   |   | Always |                |
32. When s/he fails, s/he repeatedly asks her/his parents if they still love her/him.
- |       |   |   |           |   |   |        |                |
|-------|---|---|-----------|---|---|--------|----------------|
| 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
| Never |   |   | Sometimes |   |   | Always |                |
33. Acts as if he is defeated and feels desperate when s/he does something wrong or fails.
- |       |   |   |           |   |   |        |                |
|-------|---|---|-----------|---|---|--------|----------------|
| 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
| Never |   |   | Sometimes |   |   | Always |                |
34. Even if S/he has failed once, s/he avoids trying that job again.
- |       |   |   |           |   |   |        |                |
|-------|---|---|-----------|---|---|--------|----------------|
| 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
| Never |   |   | Sometimes |   |   | Always |                |
35. After misbehaving , s/he feels embarrassed and looks unhappy (s/he bows her/his head).
- |       |   |   |           |   |   |        |                |
|-------|---|---|-----------|---|---|--------|----------------|
| 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
| Never |   |   | Sometimes |   |   | Always |                |
36. Has a perfectionist attitude.

- |  |       |   |   |           |   |   |        |                |
|--|-------|---|---|-----------|---|---|--------|----------------|
|  | 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
|  | Never |   |   | Sometimes |   |   | Always |                |
37. S/he withdraws when criticized.
- |  |       |   |   |           |   |   |        |                |
|--|-------|---|---|-----------|---|---|--------|----------------|
|  | 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
|  | Never |   |   | Sometimes |   |   | Always |                |
38. When s/he fails to meet expectations, s/he tries to disappear and avoids communication.
- |  |       |   |   |           |   |   |        |                |
|--|-------|---|---|-----------|---|---|--------|----------------|
|  | 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
|  | Never |   |   | Sometimes |   |   | Always |                |
39. When s/he is deficient, S/heseeks reassurance that her/his parents still think s/he is a good girl/boy
- |  |       |   |   |           |   |   |        |                |
|--|-------|---|---|-----------|---|---|--------|----------------|
|  | 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
|  | Never |   |   | Sometimes |   |   | Always |                |
40. Finds excuses when s/he fails to meet expectations and is inadequate.
- |  |       |   |   |           |   |   |        |                |
|--|-------|---|---|-----------|---|---|--------|----------------|
|  | 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
|  | Never |   |   | Sometimes |   |   | Always |                |
41. Has definite ideas about what kind of person s/he should and should not be.
- |  |       |   |   |           |   |   |        |                |
|--|-------|---|---|-----------|---|---|--------|----------------|
|  | 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
|  | Never |   |   | Sometimes |   |   | Always |                |
42. S/heworries about what others think of her/him.
- |  |       |   |   |           |   |   |        |                |
|--|-------|---|---|-----------|---|---|--------|----------------|
|  | 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
|  | Never |   |   | Sometimes |   |   | Always |                |
43. Always tries to be better than before by putting more and more effort.
- |  |       |   |   |           |   |   |        |                |
|--|-------|---|---|-----------|---|---|--------|----------------|
|  | 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
|  | Never |   |   | Sometimes |   |   | Always |                |
44. S/he gets angry if others notice or comment on her/his failure or mischief.
- |  |       |   |   |           |   |   |        |                |
|--|-------|---|---|-----------|---|---|--------|----------------|
|  | 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
|  | Never |   |   | Sometimes |   |   | Always |                |
45. When s/he feels inadequate, s/he seems like s/he feels worthless
- |  |       |   |   |           |   |   |        |                |
|--|-------|---|---|-----------|---|---|--------|----------------|
|  | 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
|  | Never |   |   | Sometimes |   |   | Always |                |

46. S/he tends to cover up her/his failure or misbehavior by using excuses.
- |       |   |   |           |   |   |        |                |
|-------|---|---|-----------|---|---|--------|----------------|
| 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
| Never |   |   | Sometimes |   |   | Always |                |
47. S/he sets standards for her/his performance and feels that s/he must meet them.
- |       |   |   |           |   |   |        |                |
|-------|---|---|-----------|---|---|--------|----------------|
| 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
| Never |   |   | Sometimes |   |   | Always |                |
48. S/he avoids being around people who see her/him fail at something.
- |       |   |   |           |   |   |        |                |
|-------|---|---|-----------|---|---|--------|----------------|
| 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
| Never |   |   | Sometimes |   |   | Always |                |
49. Even if that goal is very difficult for a person of her/his age, s/he seems very unhappy when s/he is not able to attain a goal s/he has set.
- |       |   |   |           |   |   |        |                |
|-------|---|---|-----------|---|---|--------|----------------|
| 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
| Never |   |   | Sometimes |   |   | Always |                |
50. After misbehavior or failure, s/he bows her/his head and avoids making eye contact.
- |       |   |   |           |   |   |        |                |
|-------|---|---|-----------|---|---|--------|----------------|
| 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
| Never |   |   | Sometimes |   |   | Always |                |
51. S/he blushes when s/he fails or is caught doing something wrong.
- |       |   |   |           |   |   |        |                |
|-------|---|---|-----------|---|---|--------|----------------|
| 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
| Never |   |   | Sometimes |   |   | Always |                |
52. S/he hides her/his face or eyes when s/he does something wrong or feels inadequate.
- |       |   |   |           |   |   |        |                |
|-------|---|---|-----------|---|---|--------|----------------|
| 1     | 2 | 3 | 4         | 5 | 6 | 7      | Not applicable |
| Never |   |   | Sometimes |   |   | Always |                |

## APPENDIX O: AUTONOMY SUPPORT RATING SCALE

Erikson, Sroufe and Egeland (1985)

### Mother's Respect for Child's Autonomy

This scale reflects the degree to which the mother acted in a way that recognized and respected the validity of the child's individuality, motives, and perspectives in this session. A mother scoring low on this scale would be very intrusive in their interventions with the child, exerting her expectations on the child in a way that makes the child a satellite or servant of the mother rather than a mutually negotiated relationship, or implicitly defining her interactions in terms of a win-lose power struggle in which compliance by the child makes mother the winner and the child submissive. Mothers may intrude either harshly or with affection; in either case, her actions do not acknowledge the child's intentions as real or valid and communicate that it is better and safer to depend on her for direction than to attempt individuality. In contrast, a mother scoring high on this scale acknowledges the child's perspectives and desires as a valid part of the child's individual identity. A mother scoring very high does this explicitly by negotiating rules with the child, verbalizing her acknowledgment of the child's intentions, does not deny the child's right to those desires, and models her own identity and the validity of her own desires in the way she expects the child to respect her individuality too. Note: Mother can get a low score just by denying the child's individuality strongly ( e.g. , interrupting the child, doing things before the child can on his/her own, etc.) even though it is not interrupting the child's behavior.

1. Very low: Mother completely denies the child's individuality in the techniques she uses. Mother is very intrusive, physical and forceful in controlling the child.
2. Low: Mother strongly denies the child's individuality, but there are a few opportunities for the child to experience autonomy, whether by variation in mother's approach or simply by occasional absence of maternal controls over the child. Mostly, however, this mother's style denies the child's autonomy and mother is intrusive

3. Moderately low: Mother does not completely deny the child's individuality, but she effectively communicates that the child's intentions do not have validity compared to her own intentions for the child. She also intrudes strongly on the child's behavior, giving him/her little chance to do anything on his/her own.
4. Mother is moderately intrusive: Although mother does not deny the child's separate identity, she does very little to support the validity of the child's individuality. She might communicate doubts to the child about the appropriateness of having his/her own intentions or intrude abruptly on the child several times.
5. Moderately high: Mother does not allow the child some autonomy of intentions, but she does not actively support and reinforce the perspective in the child. She may reflect the child's intentions and ideas by engaging the child, but she also exerts her will at times over the child in a way that shifts the child's perspective.
6. High: Mother is not intrusive over the child; instead, she acknowledges the child's intentions, communicates trust in the child's individuality, and allows a mutually negotiated interaction.
7. Very high: Mother very clearly interacts with the child in a way that acknowledges the validity of the child's perspective, encourages the child to acknowledge his/her intentions, and to negotiate the course of interactions in the session. This mother also models her individuality to the child in these negotiated interactions and may insist on the importance of her interventions being followed, but she does so while acknowledging the reality and validity of the child's differing perspectives and never in an intrusive manner.

## APPENDIX P: AUTONOMY SUPPORT CODING MANUAL

Task:

Coder:

ID:

General Score:

Start (when experimenter leaves the room):

End (when experimenter comes back to room):

1. Mother allows child in the decision-making process; mutually negotiated relation

- Mother asks and acknowledges child's interests/preferences/intentions:
- Mother negotiates rules with child (mutually negotiated relation):

2. Mother provides opportunities/facilitates self-initiated action

3. Mother models her own identity and validity of her own desires in the way she expects the child to respect her individuality

4. Mother controls child's actions:

- a. interrupts child, physically interferes with: \_\_\_\_\_
- b. disregards child's ideas by ignoring or contradicting: \_\_\_\_\_
- c. does things before the child can do on his/her own: \_\_\_\_\_
- d. exerts her own agenda without negotiation, child is like a satellite: \_\_\_\_\_

5. Mother says critical things about child's behavior in task

## APPENDIX Q: NEGATIVE EVALUATIONS CODING MANUAL

Task:

Coder:

ID:

Total frequency:

Start (when experimenter leaves the room):

End (when experimenter comes back to room):

1. Mother conveys explicit messages of disappointment and/or disapproval

- Mother uses one word or non-word utterances with a negative or annoyed tone: (Ihıh... Cık... Hayıııııı.....Yok yok... )

\_\_\_\_\_

Frequency:

2. Mother's indirect messages of disappointment or disapproval of child's attempt

- Mother utters phrases that convey disapproval of child's action ("dur yanlış yere koyuyorsun..., yok o oraya olmadı..., hayır öbür tarafa çevir, ... olmadı ama neyse..., orayı geçmeseydin camı yapıyorduk şimdi..., )

\_\_\_\_\_

Frequency:

3. Mother's indirect messages of disappointment or disapproval of child's attempt

- Mother's positive or neutral messages with an annoyed or impatient tone (Oldu mu şimdi?... Sen beğendin mi? ... Bakıyor musun?... Emin misin?... Aaa buradan mu başladın?... Galiba görmüyorsun?... Biraz çaba istiyorum...)

\_\_\_\_\_

Frequency:

- "We" talk (Bak yine yanlış yaptık,,,,, biz bunu beceremeyeceğiz galiba...)

\_\_\_\_\_

Frequency:

4. Mother's corrective feedback

- Mother's feedback to guide child's action, with a neutral tone

(Bu parça değil galiba, ne dersin?..., Çok yukarıda oldu, nasıl ilerlemelisin o zaman?..., Bir bakar mısın bu parçanın rengine koymaya çalıştığın yere uyuyor mu?...)

---

Frequency:

5. Mother's person vs. process/task focused negative evaluations:

- Person focused (Çok dikkatsizsin....)

---

Frequency:

- Process/Task focused (Yapboz yapmada pek iyi sayılmazsın...)

---

Frequency:

6. Mother's global vs. specific negative evaluations:

- Global (Sen hep böyle yaparsın zaten...)

---

Frequency:

- Specific (Yapboz yapmada pek iyi sayılmazsın...)

---

Frequency:

## APPENDIX R: POSITIVE EVALUATIONS CODING MANUAL

Task:

Coder:

ID:

Total frequency:

Start (when experimenter leaves the room):

End (when experimenter comes back to room):

1. Mother acknowledges and encourages child's attempts to solve the task in hand through positive affirmations

- Mother uses one word or non-word utterances with a positive and appreciative tone: (Hmmm... Eeeeet... Bravo... Tamaamm... Aferim.. Harika...)

\_\_\_\_\_

Frequency:

- Mother utters phrases to acknowledge child's attempts ("doğru parçayı bulmuşsun...", "bravo, çok güzel yaptın", "sen bu işte çok iyisin...", "harika bir iş çıkardın...")

\_\_\_\_\_

Frequency:

- Mother utters phrases to encourage child's attempts (Sen bunu yapabilirsin..., Çok iyi gidiyorsun... )

\_\_\_\_\_

Frequency:

2. Mother's indirect acknowledgments of child's attempts

- Addressing the results of child's action (Aaa evet doğru yer burasıymış ..., bu parça buraya iyi oldu...)

\_\_\_\_\_

Frequency:

- "We" talk (Biz bu işde çok iyiyiz... harika yaptık...)

\_\_\_\_\_

Frequency:

3. Mother's person vs. process/task focused positive evaluations

- Person focused (Süpersin...)

---

Frequency:

- Process/Task focused (Yapbozlarda çok iyisin...)

---

Frequency:

4. Mother's global vs. specific positive evaluations

- Global (Senin gözünden hiçbir şey kaçmaz...)

---

Frequency:

- Specific (Yapbozlarda çok iyisin...)

---

Frequency:

## APPENDIX S: NEW FRIENDS VIGNETTES (TURKISH)

### Vinyet 1

Bir arkadaşınızın oğlunuzla aynı yaşta bir çocuğu var. İki çocuk daha önce hiç karşılaşmadılar. Arkadaşınız sizi ve oğlunuzu onunla ve oğlu Cem ile bir oyun buluşması için davet ediyor. Oğlunuz yol boyunca mutlu ve sakin görünüyor. Ancak, oraya varıp arkadaşınızın evine girdiğiniz zaman işler değişiyor.

Oğlunuz Cem ve annesini görür görmez arkanıza geçiyor. Bacağınıza sarılıp burnunu çekmeye başlıyor. Aşağıdakilerden herhangi birini arkadaşınıza ya da oğlu Cem'e söyler miydiniz?

Her bir cümle için bir cevap, evet (E), hayır (H), belki (B) işaretleyiniz.

- |   |   |   |   |
|---|---|---|---|
| 1 “Merak etmeyin düzelir.”                              | E | H | B |
| 2 “Oğlum saçmalıyor.”                                   | E | H | B |
| 3 “Bizi evinize davet ettiğiniz için teşekkürler.”      | E | H | B |
| 4 “Cem, gelip oğlumla tanışmak ister misin?”            | E | H | B |
| 5 “Sürekli böyle şeyler yapıyor.”                       | E | H | B |
| 6 “Sorun yok, sadece bir dakikaya ihtiyacımız var.”     | E | H | B |
| 7 “Sence bugün ne oynamalıyız Cem?”                     | E | H | B |
| 8 “Neyle uğraşmak zorunda olduğumu görüyorsunuz.”       | E | H | B |
| 9 “Adım adım ilerleyeceğiz./ yavaş yavaş ilerleyeceğiz” | E | H | B |

Aşağıdakilerden herhangi birini oğlunuza söyler ya da onunla yapar mıydınız?

Her bir cümle için bir cevap, evet (E), hayır (H), belki (B), işaretleyiniz

- |  |   |   |   |
|--|---|---|---|
| 1. “Her şey yolunda, annen yanında.” derdim.                     | E | H | B |
| 2. “Cem’e ‘Merhaba’ demek istiyor musun?” derdim.                | E | H | B |
| 3. Oğlum önümde duracağı şekilde hareket ettirirdim.             | E | H | B |
| 4. “Belki dördümüz birlikte oynayabiliriz.” derdim.              | E | H | B |
| 5. “Böyle davranmayı bırak; kocaman çocuksun sen artık.” derdim. |   |   |   |

- |  |   |   |   |
|--|---|---|---|
|  | E | H | B |
| 6. Oğlumı kucağıma alır ve ona güzelce sarılırdım.       | E | H | B |
| 7. “Başkalarının önünde bu şekilde davranma” derdim.     | E | H | B |
| 8. “Eve gidip anneyle oyun oynamak ister misin?” derdim. | E | H | B |
| 9. Oğlumun elini tutar ve Cem’e doğru yürürdüm.          | E | H | B |

## Vinyet 2

Siz ve oğlunuz evinizin yakınlarındaki bir parkta oyun oynuyorsunuz. Oğlunuzla aynı yaşlarda birkaç küçük çocuk daha var. Ebeveynleri, çocuklardan birkaç metre uzakta, sizin bulunduğunuz yere yakın bir bankta oturuyorlar. Diğer çocukların elinde bir top ve birkaç başka oyuncak var ve hep birlikte oynuyorlar. Çocuklardan birini, Hakan’ı, tanıyorsunuz ama oğlunuz diğer çocuklardan herhangi biriyle tanıştığını düşünmüyorsunuz. Oğlunuz elinizi sıkı sıkı tutarak yanınızda duruyor ve diğer çocukların oyun oynamalarını seyrediyor. Aşağıdakilerden herhangi birini diğer ebeveynlere ya da diğer çocuklara söyler miydiniz? Her bir cümle için bir cevap, evet (E), hayır (H), belki (B), işaretleyiniz.

- |   |   |   |   |
|---|---|---|---|
| 1. “Şimdilik sadece izleyeceğiz.”   | E | H | B |
| 2. “Ah, işleri hiçbir zaman kolaylaştırmaz.”                                  | E | H | B |
| 3. “Merhaba Hakan, bugün nasılsın?”   | E | H | B |
| 4. “Yalnızca kendimizi hazır hissetmek için birkaç dakikaya ihtiyacımız var.” | E | H | B |
| 5. “Hep böyle davranıyor, her zaman böyle.”                                   | E | H | B |
| 6. “Çocuklar, oğlum da sizinle oynayabilir mi?”                               | E | H | B |
| 7. “Çocuklar, o oyuncaklarla eğleniyor gibi görünüyorsunuz.”                  | E | H | B |
| 8. “Bugün biraz utangaçlık yapıyor.”  | E | H | B |
| 9. “Biz iyiyiz, acele etmeye gerek yok.”                                      | E | H | B |

Aşağıdakilerden herhangi birini oğlunuza söyler ya da onunla yapar mıydınız?

Her bir cümle için bir cevap, evet (E), hayır (H), belki (B), işaretleyiniz

1. “Böyle davranmana gerek yok.” derdim. E H B
2. “Eve dönüp benimle oynamayı mı tercih edersin?” derdim. E H B
3. Oğlumla beraber rahat bir şekilde diğer çocukların yanına doğru yürürdüm.  
E H B
4. “Bu davranışından iyi bir şekilde etkilenmeyecekler” derdim. E H B
5. “ Onlara sen de onlarla birlikte oynayabilir misin diye sorabilirim” derdim.  
E H B
6. Onun hizasına gelecek şekilde diz çöker ve oğlumu kucaklardım.  
E H B
7. “Ben yanıdayım, yani her şey yolunda” derdim. E H B
8. “Neden gidip Hakan’a merhaba demiyorsun?” derdim. E H B
9. Oğlumu diğer çocukların yanına gönderir, ebeveynlerin yanına otururdum.

APPENDIX T: NEW FRIENDS VIGNETTES (ENGLISH)

Vignette 1

A casual friend of yours has a child the same age as your daughter. The two children have never met before. Your friend invites you and your daughter to her home for a playdate with her and her daughter, Tina. Your daughter seems calm and happy while you are on the way there. However, things change when you arrive and enter your friend's home.

Your daughter sees Tina and her mother, and then immediately moves behind you. She holds onto your leg and starts to sniffle. Would you say any of the following things to your friend and her daughter Tina? (You can endorse as many as are true.) Circle one response (N = no, MB = maybe, Y = yes) for each.

- |   |   |    |   |
|---|---|----|---|
| 1 "Don't worry, she'll be fine." (OP)                   | N | MB | Y |
| 2 "She's just being a silly girl." (CC)                 | N | MB | Y |
| 3 "Thanks for inviting us to your home." (AS)           | N | MB | Y |
| 4 "Tina, would you like to come meet my daughter?" (AS) | N | MB | Y |
| 5 "She does this kind of thing all the time." (CC)      | N | MB | Y |
| 6 "It's okay, we just need a minute." (OP)              | N | MB | Y |
| 7 "What do you think we should play today, Tina?" (AS)  | N | MB | Y |
| 8 "You can see what I have to deal with." (CC)          | N | MB | Y |
| 9 "We'll just take this one step at a time." (OP)       | N | MB | Y |

Would you say or do any of the following things with your daughter? (You can endorse as many as are true.) Circle one response (no, maybe, yes) for each.

- |   |   |    |   |
|---|---|----|---|
| 1. I would say: "You're okay, Mommy is right here with you." (OP)         | N | MB | Y |
| 2. I would say: "Do you want to say 'Hello' to Tina?" (AS)                | N | MB | Y |
| 3. I would move my daughter so that she was standing in front of me. (CC) | N | MB | Y |
| 4. I would say: "Maybe the four of us can all play together." (AS)        | N | MB | Y |
| 5. I would say: "Stop acting like this; you can be a big girl now." (CC)  | N | MB | Y |

- |  |   |    |   |
|--|---|----|---|
| 6. I would pick my daughter up and give her a nice hug. (OP)             | N | MB | Y |
| 7. I would say: "You shouldn't behave this way in front of others." (CC) | N | MB | Y |
| 8. I would say: "Do you want to go home and play with Mommy?" (OP)       | N | MB | Y |
| 9. I would hold my daughter's hand and start to walk toward Tina. (AS)   | N | MB | Y |

Vignette 2

You and your daughter go to a playground near your home. There are a few other little girls there who are about the same age as your daughter. Their parents are sitting on a park bench a few meters away from the girls, close to where you are standing. The other girls have a ball and some toys and are all playing together. You recognize one of the girls, Marie, but you don't think that your daughter has met any of the other children. Your daughter holds onto your hand tightly, and just stands beside you, watching the other girls play. Would you say any of the following things to the other parents or

to the other girls? (You can endorse as many as are true.) Circle one response (No Maybe Yes) for each.

- |   |   |    |   |
|---|---|----|---|
| 1. "We'll just watch for now." (OP)                               | N | MB | Y |
| 2. "Oh, she never makes it easy." (CC)                            | N | MB | Y |
| 3. "Hello, Marie, what are you doing today?" (AS)                 | N | MB | Y |
| 4. "We just need a few minutes to get ready." (OP)                | N | MB | Y |
| 5. "This is just how she acts; it's always like this." (CC)       | N | MB | Y |
| 6. "Girls, can my daughter play with you, too?" (AS)              | N | MB | Y |
| 7. "It looks like you girls are having fun with those toys." (AS) | N | MB | Y |
| 8. "She's just being a shy girl today." (CC)                      | N | MB | Y |
| 9. "We're fine here, there's no rush." (OP)                       | N | MB | Y |

Would you say or do any of the following things with your daughter? (You can endorse as many as are true.) Circle one response (no, maybe, yes) for each.

- |   |   |    |   |
|---|---|----|---|
| 1. I would say: "You don't need to act like this." (CC) | N | MB | Y |
|---|---|----|---|

2. I would say: "Would you rather go back home to play with me?" (OP)  
N MB Y
3. I would walk with my daughter towards the girls, at a relaxed pace. (AS)  
N MB Y
4. I would say: "They are not going to be impressed by this behavior."(CC)  
N MB Y
5. I would say: "Maybe you can ask them if you can play, too." (AS)  
N MB Y
6. I would knee down to her height and give my daughter a cuddle. (OP)  
N MB Y
7. I would say: "I'm right here beside you, so everything is fine." (OP)  
N MB Y
8. I would say: "Why don't you go say 'Hello' to Marie?"(AS)  
N MB Y
9. I would send my daughter towards the girls and sit with the parents. (CC)  
N MB Y



1 2 3 4 5 6 7  
KD KDD

9. Çocuğumla aramdaki sorunların çoğunu çözebilirim.

1 2 3 4 5 6 7  
KD KDD

10. Çocuğumla aram kötüyse işler değışene kadar elimden geleni yaparım.

1 2 3 4 5 6 7  
KD KDD



AT

ANT

9. I can solve most problems between my child and me.

1      2      3      4      5      6      7

AT

ANT

10. When things are going badly between my child and me, I keep trying until things begin to change.

1      2      3      4      5      6      7

AT

ANT

## APPENDIX W: CONTINGENT SELF-WORTH SCALE (TURKISH)

Aşağıdaki ifadelerin kendiniz için doğruluğunu “1: kesinlikle doğru (KD)” ve “7: kesinlikle doğru değil (KDD)” değerlendirmeleri arasında sizin için en uygun olan sayıyı daire içine alarak işaretleyiniz.

1. Çocuğum bir alanda diğer çocuklardan daha başarılı olursa kendimi işe yarar hissederim.

1 2 3 4 5 6 7

KD

KDD

2. Başkalarının çocuğum hakkında olumsuz düşünceleri beni ilgilendirmez.

1 2 3 4 5 6 7

KD

KDD

3. Çocuğumun başkalarıyla kaliteli sosyal ilişkiler kurması benim kendimi daha değerli hissetmemi sağlar.

1 2 3 4 5 6 7

KD

KDD

4. Çocuğumun bir alanda diğer çocuklardan daha iyi olduğunu bilmek kendime olan güvenimi artırır.

1 2 3 4 5 6 7

KD

KDD

5. Çocuğum hakkında düşündüklerim onun okuldaki başarısından etkilenmez.

1 2 3 4 5 6 7

KD

KDD

6. Başkalarının çocuğum hakkındaki düşüncelerini umursamam.

1 2 3 4 5 6 7

KD

KDD

7. Aile üyelerimizin çocuğumla gurur duyması benim kendimi daha değerli hissetmemi sağlar.

1 2 3 4 5 6 7

KD

KDD

8. Çocuğumun okul başarısı benim kendime olan saygımı arttırır.

1 2 3 4 5 6 7

KD

KDD

9. Çocuğumun diğer çocuklardan daha başarılı olması kendime olan saygımı arttırır.

1 2 3 4 5 6 7

KD

KDD

10. Çocuğumun akademik olarak başarılı olduğunu bildiğim zaman kendimle ilgili daha olumlu hislerim olur.

1 2 3 4 5 6 7

KD

KDD

11. Çocuğumun sosyal ilişkilerinin iyi olduğunu bildiğim zaman kendimle ilgili daha olumlu hislerim olur.

1 2 3 4 5 6 7

KD

KDD

12. Başkalarının çocuğum hakkında ne düşündüğünün benim kendimle ilgili

1 2 3 4 5 6 7

KD

KDD

13. Kendimi ne kadar değerli hissettiğim çocuğumun başkaları ile rekabet ettiği durumlardan etkilenir. Örneğin rekabet durumunda başarısız oluyorsa değerli olduğuma dair duygularım olumsuz etkilenir.

1 2 3 4 5 6 7

KD

KDD

14. Çocuğum etik olmayan, doğru olmayan bir şekilde davrandığında kendime

1 2 3 4 5 6 7

KD

KDD

15. Kendime olan güvenim çocuğumun akademik performansından etkilenir.

1 2 3 4 5 6 7

KD

KDD





APPENDIX Y: STAIT TRAIT ANXIETY INVENTORY (TURKISH)

Spielberger (1983)

Aşağıda kişilerin kendilerine ait duygularını anlatmada kullandıkları bir takım ifadeler verilmiştir. Her ifadeyi okuyun, sonra da o anda nasıl hissettiğinizi ifadelerin sağ tarafındaki parantezlerden uygun olanını işaretlemek suretiyle belirtin. Doğru ya da yanlış cevap yoktur. Herhangi bir ifadenin üzerinde fazla zaman sarf etmeksizin anında nasıl hissettiğinizi gösteren cevabı işaretleyin.

		HEMEN HEMEN HIÇBİR ZAMAN	BAZEN	ÇOK ZAMAN	HEMEN HER ZAMAN
1..	Genellikle keyfim yerindedir	(1)	2)	(3)	(4)
2.	Genellikle çabuk yorulurum	(1)	2)	(3)	(4)
3.	Genellikle kolay ağlarım	(1)	2)	(3)	(4)
4.	Başkaları kadar mutlu olmak isterim	(1)	2)	(3)	(4)
5.	Çabuk karar veremediğim için fırsatları kaçıırım	(1)	2)	(3)	(4)
6.	Kendimi dinlenmiş hissediyorum	(1)	2)	(3)	(4)
7.	Genellikle sakin, kendine hakim ve soğukkanlıyım	(1)	2)	(3)	(4)
8	Güçlüklerin yenemeyeceğim kadar biriktiğini hissedirim	(1)	2)	(3)	(4)
9.	Önemsiz şeyler hakkında endişelenirim	(1)	2)	(3)	(4)
10.	Genellikle mutluyum	(1)	2)	(3)	(4)
11.	Her şeyi ciddiye alır ve endişelenirim	(1)	2)	(3)	(4)
12.	Genellikle kendime güvenim yoktur	(1)	2)	(3)	(4)
13.	Genellikle kendimi emniyette hissedirim	(1)	2)	(3)	(4)
14.	Sıkıntılı ve güç durumlarla karşılaşmaktan kaçınırım	(1)	2)	(3)	(4)
15.	Genellikle kendimi hüzünlü hissedirim	(1)	2)	(3)	(4)
16.	Genellikle hayatımdan memnunum	(1)	2)	(3)	(4)
17.	Olur olmaz düşünceler beni rahatsız eder	(1)	2)	(3)	(4)
18.	Hayal kırıklıklarımı öylesine ciddiye alırım ki hiç unutamam	(1)	2)	(3)	(4)
19.	Aklı başında ve kararlı bir insanım	(1)	2)	(3)	(4)
20.	Son zamanlarda kafama takılan konular beni tedirgin ediyor	(1)	2)	(3)	(4)

APPENDIX Z: STAIT TRAIT ANXIETY INVENTORY (ENGLISH)

Spielberger (1983)

A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate number to the right of the statement to indicate how you generally feel. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe how you generally feel.

		ALMOST NEVER	SOMETIMES	OFTEN	ALMOST ALWAYS
1.	I feel pleasant	(1)	(2)	(3)	(4)
2.	I feel nervous and restless	(1)	(2)	(3)	(4)
3	I feel satisfied with myself	(1)	(2)	(3)	(4)
4	I wish I could be as happy as others seem to be	(1)	(2)	(3)	(4)
5.	I feel like a failure	(1)	(2)	(3)	(4)
6	I feel rested	(1)	(2)	(3)	(4)
7	I am “”calm, cool, and collected”	(1)	(2)	(3)	(4)
8.	I feel that difficulties are piling up so that I cannot overcome them	(1)	(2)	(3)	(4)
9	I worry too much over something that really doesn’t matter	(1)	(2)	(3)	(4)
10.	I am happy	(1)	(2)	(3)	(4)
11.	I have disturbing thoughts	(1)	(2)	(3)	(4)
12	I like self-confidence	(1)	(2)	(3)	(4)
13	I feel secure	(1)	(2)	(3)	(4)
14	I make decisions easily	(1)	(2)	(3)	(4)
15.	I feel inadequate	(1)	(2)	(3)	(4)
16.	I am content	(1)	(2)	(3)	(4)
17	Some unimportant thought runs through my mind and bothers me	(1)	(2)	(3)	(4)
18	I take disappointments so keenly that I can’t put them out of my mind	(1)	(2)	(3)	(4)
19.	I am a steady person	(1)	(2)	(3)	(4)
20.	I get in a state of tension or turmoil as I think over my recent concerns and interests	(1)	(2)	(3)	(4)

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